



CareFirst  
Family of health care plans

CareFirst BlueCross BlueShield

Health Plan Guide 2024

Programs, resources and tools for our small business members

This guide is for non-grandfathered groups only

Table of Contents

What's New, What's Changed



Welcome

And thank you for choosing CareFirst BlueCross BlueShield (CareFirst).

We know health insurance is one of the most important decisions you make. To simplify the process, we've created this guide to help you better understand the programs, services and resources included with every CareFirst plan.

Because your well-being is our priority, we're doing more to protect your health.

How to use the guide

Your CareFirst health plan guide is divided into 11 sections.

To navigate to each section:

- click on the button in the Table of Contents (A), or
- when you're in the document, click on the "home" icon (B) to get back to the Table of Contents, then click on the section number you'd like to go to.

To navigate back to the Table of Contents:

- click on the "home" icon at the bottom of each page (B).


To navigate to the next page:

- use the LEFT and RIGHT arrows at the bottom of the page (C).



Why CareFirst BlueCross BlueShield?

 **1 IN 2** AMERICANS
is covered by Blue regionally,
1 in 3 nationally³

 **3.5M** MEMBERS
The **most chosen health plan in the Mid-Atlantic**, serving 3.5 million members

 **1.7M** U.S. PROVIDERS
Access to 1.7 million U.S. providers⁴

 **NOT-FOR-PROFIT**
driven by a mission

Unmatched access

With 95% of national providers¹ and 99% of local providers² within our Blues network, you have the broadest access to care.

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.

Comprehensive care

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

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.

Affordable prescriptions

Many plans have no deductible for generic prescriptions and low copays/coinsurance for non-specialty prescriptions.



Recognized as one of the World's Most Ethical Companies®
12 years in a row

¹ CHP Network Compare Findings, Q3 2017

² CareFirst Book of Business Data, August 2020

³ BCBSA Blue Facts, February 2022

⁴ Provider Data Repository (PDR), January 2021

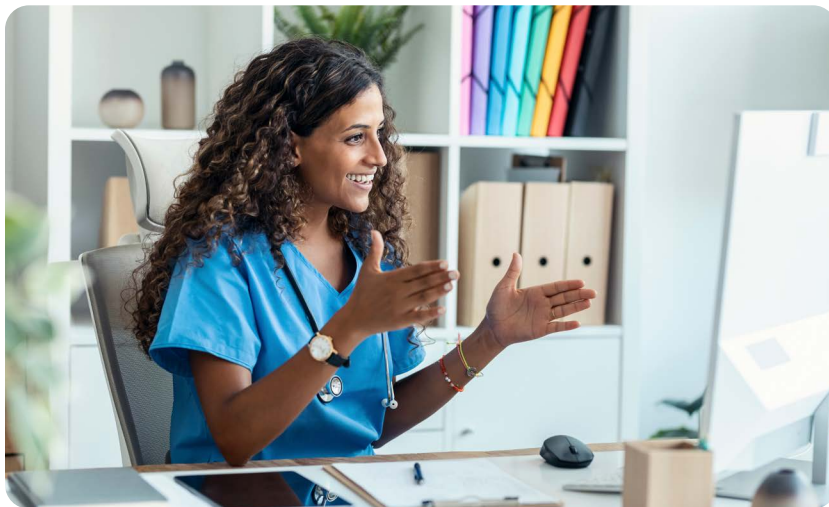
"World's Most Ethical Companies" and "Ethisphere" names and marks are registered trademarks of Ethisphere LLC.

What's New, What's Changed

Here's what CareFirst is introducing and updating in the new plan year, 2024.

As a reminder, all health insurance carriers are required to offer Affordable Care Act (ACA)-compliant health plans that follow specific benefit guidelines. To ensure our plans meet these ACA provisions and the needs of our members, CareFirst reviews each plan annually.

As a result of this evaluation, certain changes may be made to your coverage each year. These changes could involve plan benefits or adjustments to deductibles, out-of-pocket maximums or other limits. Not all changes will necessarily apply to your plan.



CloseKnit

Save time and get peace of mind with CloseKnit, virtual care. Access 24/7 primary care, urgent care or mental health services via your computer or an easy-to-use app. CloseKnit also provides psychiatry, lactation and nutrition services.

As a CloseKnit primary care patient, you get a dedicated Care Team to help you manage your health, navigate billing and benefits, and coordinate in-person¹ and specialty care. Chats with your Care Team are free—and so is joining.

- *Primary care is available to members and dependents ages 18+.*
- *Urgent care and mental health services are available to members and dependents ages 2+. You do not need to be a CloseKnit primary care patient to access urgent care or mental health services.*

If you're enrolled in a **CareFirst Virtual Connect Plan**, you're eligible for the \$0 copay benefit for primary care and mental health visits.

- *Even if your plan does not include "Virtual Connect," you may still choose CloseKnit as your primary care practice.*

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 a registered trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit provides telehealth services to CareFirst BlueCross BlueShield members. Atlas Health LLC is an Affiliate of CareFirst Inc. the holding company for all of the CareFirst plans.

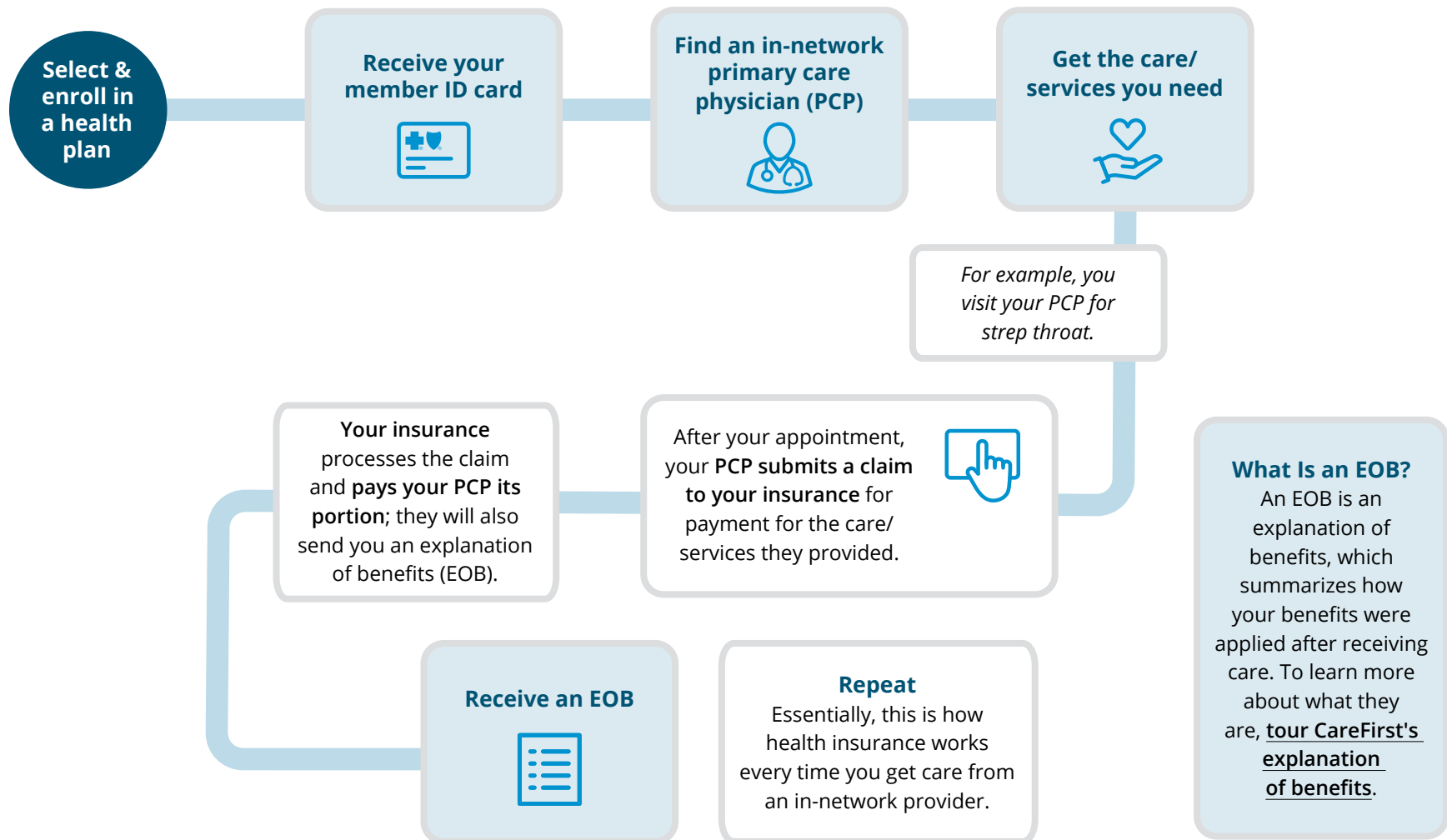
Plan Comparisons

Plans designed to meet your health needs and budget.

	BlueChoice HMO Referral	BlueChoice HMO	BlueChoice Plus POS	BlueChoice Advantage POS	BluePreferred PPO
Description	With BlueChoice HMO Referral, your primary care provider (PCP) provides routine care and coordinates specialty care through a referral.	With BlueChoice HMO, your primary care provider (PCP) provides routine care and coordinates specialty care—no referrals are required.	BlueChoice Plus offers in- and out-of-network coverage to help control your out-of-pocket costs and there's no referral to see a specialist.	BlueChoice Advantage offers national in- and out-of-network coverage to help control your out-of-pocket costs and there's no referral to see a specialist.	With BluePreferred PPO, you have the freedom to visit any provider you choose.
Regional vs. National Plan	Regional	Regional	Regional	National	National
Enrollment	Members must live or work within the CareFirst service area	Members must live or work within the CareFirst service area	Members must live or work within the CareFirst service area	Members can live or work inside or outside of the CareFirst service area	Members can live or work inside or outside of the CareFirst service area
Referrals	Referrals required	No referrals	No referrals	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: BlueChoice Regional Network	In MD, DC & Northern VA: BlueChoice Regional Network Out-of-Area: BlueCard PPO 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: CareFirst PPO Network (no balance billing) or Non-participating providers (may be balance billed) Out-of-Area: Non-participating providers (may be balance billed)	In MD, DC & Northern VA: CareFirst PPO Network (no balance billing) or Non-participating providers (may be balance billed) Out-of-Area: Non-participating providers (may be balance billed)	In MD, DC & Northern VA and Out-of-Area: Non-participating providers (may be balance billed)
PCP Selection & Blue Rewards	PCP selection is required. For Blue Rewards: A PCP is required	PCP selection is required. For Blue Rewards: A PCP is required	PCP selection is required. For Blue Rewards: A PCP is required	PCP selection is recommended but not required. For Blue Rewards: In MD, DC & Northern VA, a PCP is required Out-of-Area, a BlueCard PPO PCP is required	PCP selection is recommended but not required. For Blue Rewards: In MD, DC & Northern VA, a PCP is required Out-of-Area, a BlueCard PPO PCP is required

How Health Insurance Works

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



Helpful Guide to Key Terms

You can also explore our complete health [insurance glossary](#).

Allowed benefit: The maximum dollar amount allowed for services covered, regardless of the provider's actual charge. A provider who participates in a network cannot charge the member more than this amount for any covered 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 the health plan 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's made up of three things:

1. **Deductible:** The amount of money a member must pay for healthcare services each year before the health plan begins to pay its portion for the cost of care.
2. **Coinsurance:** The percentage or dollar amount patients are required to pay through their health plan for reasonable medical expenses—after a deductible has been met.
3. **Copayment/copay:** The dollar amount a patient pays 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 the 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) coverages can go out of network but may pay higher out-of-pocket costs.

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

Premium: The amount a member pays each month for health insurance coverage. Premiums do not count toward deductibles or out-of-pocket maximums.

Primary Care Provider (PCP): A provider selected by the member, who is part of the 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.
- **If you prefer, you may also choose CloseKnit as your PCP.**

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.

Included With Every CareFirst Plan



Living your healthiest life

CareFirst WellBeingSM

CareFirst WellBeing is your personalized digital connection that offers motivating wellness resources accessible anytime. Take the **RealAge[®]** health assessment to find out if your healthy habits are truly making an impact, and get extra support—at no cost to you—with specialized programs, including:

- **Health coaching:** Get one-on-one confidential support to achieve your best possible health. Personal health coaching is provided by registered nurses and trained professionals. You may be invited to participate, or you can enroll in coaching on your own.
 - **Lifestyle coaching:** Helps identify opportunities to improve your health and well-being in your daily life, like stress management, healthy eating and physical activity.
 - **Disease management:** Living with a chronic or complex condition? Get the help you need to better understand your doctor's recommendations, medications and symptoms.
- **Weight management and diabetes prevention programs:**¹ Reach a healthier weight and reduce the risk of developing type 2 diabetes through gradual lifestyle changes that become lifelong habits. The following web- and app-based programs can help support your efforts:
 - **Noom weight management:** Noom's personalized, psychology-based techniques will help you develop and maintain healthy eating patterns and physical activity habits. Gain confidence with practical knowledge to make lasting change—at a pace that's comfortable for you.

¹ To join Noom or Eat Right Now, members need to meet clinical eligibility criteria through an online assessment. Noom is an app-based program. Eat Right Now is app-based and available on the web.

Included With Every CareFirst Plan

- ❑ **Noom diabetes prevention program (DPP):** If you're identified as "at-risk" for diabetes, Noom DPP can help lower the risk by providing access to tracking tools, peer support and group interaction, and coaches specially trained in diabetes.
 - Noom DPP is the first digital diabetes prevention lifestyle change program recognized by the Centers for Disease Control and Prevention (CDC).
- ❑ **Eat Right Now:** This 12-month program combines neuroscience and mindfulness tools to help you identify eating triggers and ride out cravings to change eating patterns. Get access to short daily video lessons, a dedicated digital coach, weekly live classes and online community support to achieve your best health.
 - Eat Right Now has helped past participants lose 5–7% of their body weight and significantly reduce the risk of developing type 2 diabetes.
- **Tobacco cessation program:** 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.
- **Financial well-being program:** 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.
- **Meditation, relaxation and more:** Break free from stress with mindfulness tools, unwind at the end of the day or ease into a restful night of sleep with meditation, streaming music and videos.

Eat Right Now is administered by Sharecare, Inc. and Noom is administered by Noom, Inc., independent companies that provide health improvement management services to CareFirst members. Sharecare, Inc. and Noom do not provide CareFirst BlueCross BlueShield products or services and are solely responsible for the health improvement management services they provide.



To get started or learn more,
visit carefirst.com/wellbeing.

Included With Every CareFirst Plan

Blue Rewards

Earn incentives for taking steps to get and stay healthy. Both you and your spouse/domestic partner can earn rewards for completing one, all or any combination of the following healthy activities. (Members with a high-deductible health plan must reach their plan deductible before being able to use their Blue Rewards medical expense debit card. If these members have CareFirst vision or dental benefits, they can certify to only use the card for eligible vision/dental expenses prior to meeting their deductible.)



* 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.



Earn \$50

Consent to receive wellness emails and take the RealAge® test

The RealAge test is a simple questionnaire 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.*



Earn up to \$200

Participate in health coaching

Session 1 = \$30

Session 2 = \$70

Session 3 = \$100



Earn \$25

Retake the RealAge test

If you earned the reward for taking the test initially, you can earn an additional reward for retaking it after 90 days.

RealAge answers must be updated or confirmed no earlier than 90 days after the original assessment, and before the end of the benefit period.

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

Included With Every CareFirst Plan

Behavioral health and addiction support

Whether you need help managing anger or stress, are struggling with an illness or need to talk to someone, you're not alone. CareFirst is here to help.



Behavioral Health Digital Resource

Accessed through My Account (carefirst.com/myaccount), the Behavioral Health Digital Resource lets you chat with trained listeners, pursue personalized growth paths, and join a supportive community with moderated discussion boards and chat rooms. Registered users can complete behavioral health assessments, engage with CareFirst care managers, and access other tools to help them in their daily lives.

This program is free to members; no clinical diagnosis or provider referral is required.



CloseKnit

CloseKnit (closeknithealth.com), our leading virtual-care practice, offers mental health therapy and psychiatry services for members and dependents ages 2+ via the CloseKnit app, whether or not you're a CloseKnit primary care patient. If you're a CloseKnit primary care patient, your provider can assess behavioral health needs to help you connect with a therapist or psychiatrist.



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.



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.

LGBTQ+ members can contact our dedicated gender services specialist at gender.services@carefirst.com for help navigating care and understanding benefits.



Substance use 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 carefirst.com account to see which programs are available through their health plan.

Included With Every CareFirst Plan

Diabetes Virtual Care program

For members who need help stabilizing their type 2 diabetes, our national Diabetes Virtual Care Program, powered by Onduo,¹ offers personalized support, easy-to-use tools and access to certified diabetes educators—all at no cost—through a convenient mobile app.

Eligible members will be contacted about joining the program.

After you're registered, you'll be paired with a care lead and mailed a welcome kit with a connected blood glucose meter and test strips. Supply refills are available at no additional cost. The program provides you with the additional care and support you may need in between your doctor visits.

Learn more about the [diabetes support](#) CareFirst offers.

Getting care

Find a provider

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 provider directory, you can also search by name, location, specialty and other options. You can find participating doctors and facilities outside of the U.S. as well.

Try it for yourself at carefirst.com/doctor.

¹ This program is offered through Onduo by Verily. Onduo offers certain care management and coordinated clinical care programs for eligible individuals, as further described in these materials and at onduo.com. Onduo LLC and a network of affiliated professional entities (collectively, "Onduo") collaborate to offer the services. Onduo services are meant to be used in conjunction with regular in-person clinical services and not intended to replace routine primary care. Onduo is an independent company and does not provide Blue Cross and Blue Shield products or services.

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



Call 800-535-9700 anytime, day or night.
The Nurse Advice Line provides support and guidance for any non-emergency situation. The service is personal, confidential and available at no cost.

CloseKnit Virtual Care

CloseKnit is a virtual-first practice offering 24/7 primary care, urgent care or mental health services through your computer or CloseKnit's convenient mobile app. CloseKnit also provides psychiatry, lactation and nutrition services.

As a CloseKnit primary care patient, you'll get a dedicated Care Team to help you manage your health, navigate billing and benefits, and coordinate in-person and specialty care. Chats with your Care Team are free—and so is joining.

Please note: You do not need to be a CloseKnit primary care patient to access urgent care and mental health services.

Visit closeknithealth.com to learn more.



Looking for \$0 virtual care? Look for our CareFirst Virtual Connect Plans.

Included With Every CareFirst Plan

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.

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

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

Your Care Options	Cost	Needs or Symptoms such as	24/7	Rx	Virtual Care	In-Person Care
CloseKnit Virtual Care 24/7/365 virtual*-first primary care, urgent** care, mental health and other specialty services. <i>** In-person care available when applicable. Primary care available to members and dependents ages 18+; Urgent care available to members and dependents ages 2+</i>	\$	<ul style="list-style-type: none"> ■ Preventive visits (ages 18+) ■ Urgent care (ages 2+) ■ Mental health therapy (ages 2+) ■ Psychiatry (ages 2+) ■ Lactation consultation ■ Nutrition and diet support ■ Billing and benefits support 	✓	✓	✓	✓
24-Hour Nurse Advice Line Call 800-535-9700 for general questions about health issues or where to go for care	\$0	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Rashes ■ Medication questions 	✓	✗	✓	✗
PCP visit Discuss diagnosis, treatment of illness, chronic conditions, routine check-ups	\$	<ul style="list-style-type: none"> ■ Routine physical ■ Diabetic care ■ Cough, cold, flu, allergies ■ Bronchitis 	✗	✓	✓	✓
Convenience care <i>(e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)</i> Health screenings, vaccinations, minor illness or injury	\$\$	<ul style="list-style-type: none"> ■ Cough and cold ■ Pink eye ■ Ear pain ■ Flu shot 	✗	✓	✗	✓
Urgent care Non-life-threatening illness or injury requiring immediate care	\$\$\$	<ul style="list-style-type: none"> ■ Sprains ■ Cut requiring stitches ■ Minor burns ■ Sore throat 	✗	✓	✗	✓
Emergency room Life-threatening illness or injury	\$\$\$\$\$	<ul style="list-style-type: none"> ■ Chest pain ■ Difficulty breathing ■ Uncontrolled bleeding ■ Major burns 	✓	✓	✗	✓

Members can access unlimited \$0 virtual care for PCP and mental health video visits through CloseKnit when enrolled in a Virtual Connect plan.

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.

Included With Every CareFirst Plan

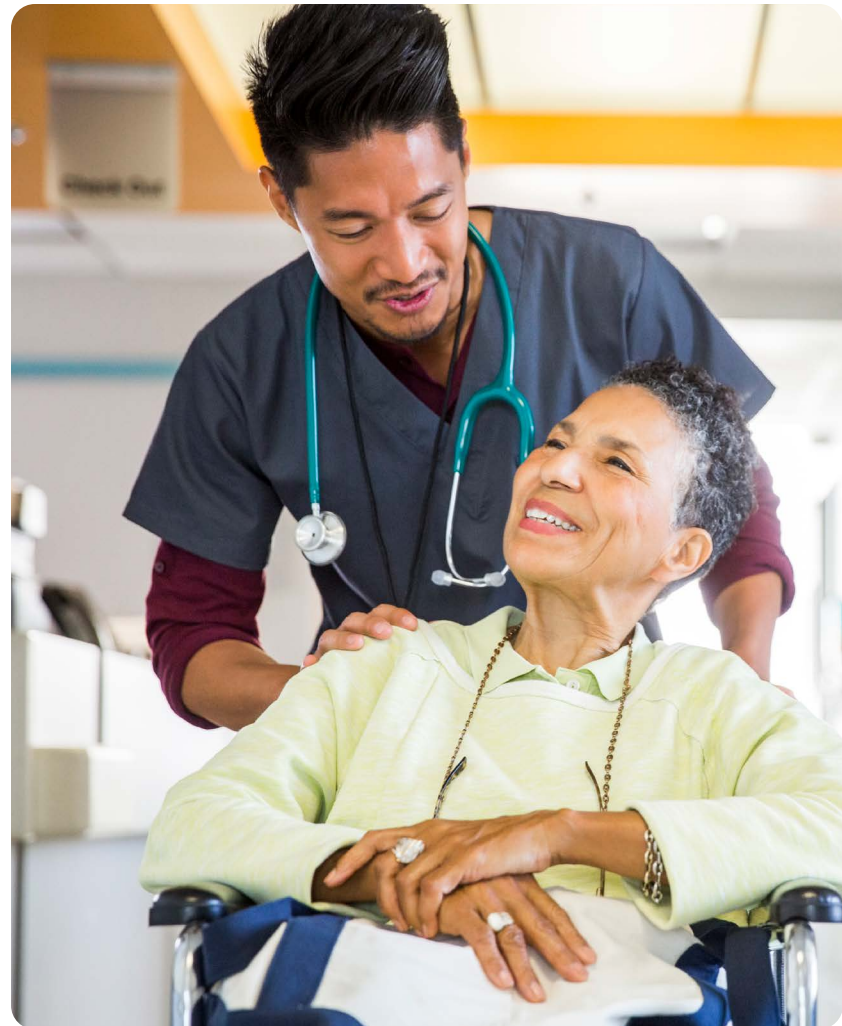
Care management programs

We offer care management programs and tools designed to improve your health while lowering your overall healthcare costs.

Our comprehensive care model ensures members, especially those with chronic and/or high-cost conditions, are getting the right care from the right provider, in the right place and at the right time. We provide a continuum of care to meet you where you are in your stage of life, health and condition.

Our programs are categorized into five areas:

- **Health & Well-Being**—a wealth of tools, programs and resources all tailored to help you live a healthier life and address every aspect of your well-being.
- **Disease management**—our chronic condition programs support the most high-cost, high-volume members with certain health conditions by helping to manage existing conditions and lower the risk of developing new ones.
- **Behavioral health**—our approach to mental health helps members get the care and support they need—whether they're living with a mental health condition or just having a bad day—by providing improved access to providers, education, innovative programs and ongoing support.
- **Care management**—we provide access and continuity of care for at-risk populations, promote the safe and timely transfer of patients through various levels of inpatient care until discharge back into the community, and reduce hospital readmissions.
- **Clinical pharmacy**—proactive clinical programs and interventions that improve care quality and outcomes and reduce overall pharmacy and medical costs.



Included With Every CareFirst Plan

Traveling outside the service area or the U.S.?

BlueCard

If you choose a PPO or Advantage 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.

More than 95% 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

1. Always carry your current member ID card for easy reference and access to services.
2. To find names and addresses of nearby providers and hospitals, visit [carefirst.com/doctor](https://www.carefirst.com/doctor) or call BlueCard Access at **800-810-BLUE (2583)**.
3. 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 listed in Step 2.
4. Present your member ID card at the participating provider's office.
5. 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).

Blue Cross Blue Shield Global® Core (BCBS 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](https://www.bcbsglobalcore.com).
- To find a BlueCard provider outside the United States, visit [bcbs.com](https://www.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.

BlueCross BlueShield 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. For more, visit [bcbsglobalcore.com/Home/MobileApp](https://www.bcbsglobalcore.com/Home/MobileApp).

Saving money

Treatment Cost Estimator

Our Treatment Cost Estimator 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.

To get an estimate, visit carefirst.com/myaccount.



Receive personalized estimates based on your plan.
Compare costs from different doctors and facilities.

Blue365 wellness discount program

As a CareFirst member, you can get premier health and wellness deals from leading national and local retailers. Better yet, Blue365 is free to join.

Discount categories include:

- Fitness, including gym memberships
- Nutrition
- Apparel and footwear
- Hearing and vision
- Home and family
- Personal care
- Travel

Explore all the discounts Blue365 offers at carefirst.com/wellnessdiscounts.



Using and Managing Your Plan

Get the most from your plan with these no-cost member tools and resources.

My Account & mobile access

Your member portal 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*

Beyond coverage—support for a healthier you

- Access CloseKnit, CareFirst's Behavioral Health Digital Resource and CareFirst WellBeing directly from your member portal.

Download the CareFirst mobile app:

* If applicable to your plan.

Using and Managing Your Plan

Doctors, specialists & healthcare facilities (Find a Doctor tool)

- 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
- Locate nearby pharmacies or access the mail order pharmacy
- Read and write reviews of providers and facilities

Your documents

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

Savings tools

- Calculate costs for treatments and services from specific providers—based on your plan's benefit**—with our Treatment Cost Estimator tool
- 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

** 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.

How to register for My Account

Signing up is easy and only takes a few minutes.

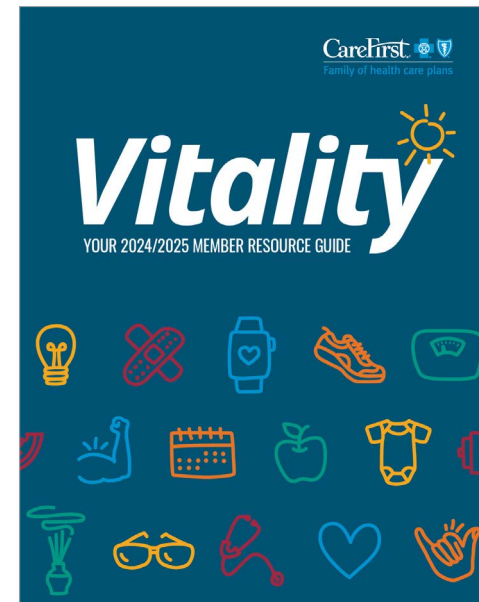
- Go to carefirst.com/myaccount and select *Register Now*.
- Then, follow the steps to complete your registration.

To register, you'll need:

- Your member ID number
- The last four digits of your social security number (SSN) or taxpayer identification number (TIN)

Vitality Member Resource Guide

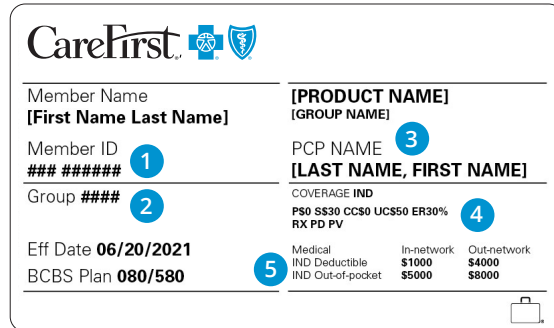
Vitality brings together important information about your plan in one place. Get helpful tips about online resources, accessing care, prescription medications and coverage to make the most of your CareFirst plan. Downloadable digital versions are available in both English and Spanish at carefirst.com/vitality.



Using and Managing Your Plan

Member ID card

Your member ID card identifies you as a CareFirst member. It shows important information about you and your covered benefits. You should always present your ID card when receiving services so CareFirst can process your claim to help pay for the cost of care.



The image shows a template for a CareFirst member ID card. It includes the CareFirst logo at the top left. Below the logo, there are fields for Member Name, Member ID, Group, Eff Date, and BCBS Plan. To the right of these fields, there are fields for [PRODUCT NAME], PCP NAME, COVERAGE IND, and a table for Deductible and Out-of-pocket amounts. A small icon of a briefcase is at the bottom right.

Member Name [First Name Last Name]	[PRODUCT NAME] [GROUP NAME]
Member ID ### ####	PCP NAME [LAST NAME, FIRST NAME]
Group ###	COVERAGE IND PS0 SS30 CCS0 UCS50 ER30% RX PD PV
Eff Date 06/20/2021	Medical In-network Out-network
BCBS Plan 080/580	IND Deductible \$1000 \$4000
	IND Out-of-pocket \$5000 \$8000



The image shows a smaller version of the CareFirst member ID card template, focusing on the contact and provider information. It includes the CareFirst logo, website, and phone numbers for various services.

www.carefirst.com 855-782-2587
Member Service

Providers must submit all Medical claims to the local Blue Cross and Blue Shield Plan. Claims and correspondence should be mailed to:
Mail Administrator
PO Box 10201
Louisville, KY 40210

To locate Participating Providers outside the Central Blue Cross BlueShield service area, call 800-810-2583
Dental Member Service 888-891-2802
Dental Provider Service 888-891-2804

Pharmacy Services
Prescriptions 888-510-4599
Mail Orders 800-241-1371
Dental Vision 800-765-5605

CP (Central Preferred) (PPO), GP (General Practice), GP (General Practice), GP (General Practice)

1. **Member ID** (also called a subscriber number or patient ID)—the number providers need to verify coverage.
2. **Group**—the number identifies your employer plan.
3. **Plan identifier & PCP name**—your plan and primary care provider's name; depending on your health plan, you may also see "No PCP Required."
4. **Benefit copay information**—your copay is a fixed dollar amount you pay when you visit your doctor, specialist or another provider for service.
5. **Deductible and out-of-pocket max**—both in-network and out-of-network maximums your plan requires.
6. **Contact information**—important phone numbers and addresses.

Abbreviations and other terms

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

UR—Urgent Care

V or VC—Vision

- AV—Adult Vision

- VU—BlueVision Plus

Lost your CareFirst member ID card? You can always view or print it via My Account.

Core Healthcare Coverage

Get the care you need to live your best life.

Depending on your CareFirst plan, the healthcare services listed below are available at low or no cost. Please check your benefits summary or enrollment materials for specific plan information.

Preventive screenings

Your plan includes coverage for screenings like:

- Adult physicals, blood pressure and cholesterol screenings
- OB/GYN visits
- Mammograms
- Prostate and colorectal screenings

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.

Well-child visits

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

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 Referral 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.

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-rays 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.

Prescriptions

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

Prescription Drug Coverage

A well-designed prescription drug plan is critical to your overall health.

Included with your CareFirst medical plan are prescription drug benefits that include:

- Access to thousands of covered prescriptions drugs
- Mail Order Pharmacy, a convenient and fast option to refill your prescriptions through home delivery
- Integrated medical and pharmacy programs to help improve your overall health and reduce costs

Online tools and resources

To get the most from your prescription drug plan, you need to stay informed. Our easy-to-use, interactive tools and resources are available 24/7.

To see if a drug is covered, find a pharmacy and get more information about medications, visit carefirst.com/rx then click *Drug Tools* on the left navigation.

You can access even more tools and resources through My Account at carefirst.com/myaccount.

- **Via a browser or the app**—log into My Account and click *Drug and Pharmacy Resources* from the quick links.



Prescription Drug Coverage

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 brand specialty, and non-preferred brand specialty drugs. Your cost share is determined by the tier the drug falls into.

	Drug Tiers
Tier 0: \$0 Drugs	<ul style="list-style-type: none">■ Preventive drugs (e.g., statins, aspirin, folic acid, fluoride, iron supplements, 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 and diabetic supplies (e.g., insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none">■ 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 \$\$	<ul style="list-style-type: none">■ 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 \$\$\$	<ul style="list-style-type: none">■ 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 \$\$\$\$	<ul style="list-style-type: none">■ Preferred specialty drugs may be used to treat complex and/or rare health conditions. These drugs may have a lower cost share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs \$\$\$\$\$	<ul style="list-style-type: none">■ Non-preferred specialty drugs often have a preferred or generic specialty drug option where your cost share will be lower.

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.

Preferred Drug List

CareFirst's Preferred Drug List includes generic and preferred brand drugs selected for their quality, effectiveness and safety by our pharmacy benefit manager's national Pharmacy and Therapeutics (P&T) committee. By using the Preferred Drug List, 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. Non-preferred drugs aren't included on the

Preferred Drug List; they are still covered but at the highest cost share. Also, some drugs on the Preferred Drug List may not be covered based on your plan. To see your formulary and Preferred Drug List, go to carefirst.com/rx.

Prescription Drug Coverage

Two ways to fill

Retail pharmacies

With access to 66,000 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:

- Refill prescriptions online, by phone or by email
- Choose your delivery location
- Consult with pharmacists by phone 24/7
- Schedule automatic refills
- 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.

- **Use generic drugs**—generic drugs can cost up to 80% 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 on the Preferred Drug List**—the Preferred Drug List identifies generic and preferred brand drugs that may save you money.
- **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.



Should you have any questions about your prescription benefits, please contact CareFirst Pharmacy Services at 800-241-3371.

Pediatric Dental and Vision

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 4,500 dental providers in Maryland, Washington, D.C. and Northern VA and 135,000 dentists nationally.



Visit carefirst.com/doctor and select the Preferred Dental (PPO & Pediatrics) network to access our provider directory.

	In-Network	Out-of-Network
	MEMBER PAYS	
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 4,500 providers in DC, MD and Northern VA. 135,000 dentists nationally.	
Preventive & Diagnostic Services (Class I) <i>Oral exams, X-rays, fluoride treatments, sealants, palliative treatment</i>	No charge	20% of allowed benefit* (no deductible)
Basic Services (Class II) <i>Fillings, simple extractions, non-surgical periodontics</i>	20% of allowed benefit* after deductible	40% of allowed benefit* after deductible
Major Services—Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i>		
Major Services—Restorative (Class IV) <i>Inlays, onlays, dentures, crowns</i>	50% of allowed benefit* after deductible	65% of allowed benefit* after deductible
Orthodontic Services (Class V) <i>When medically necessary</i>	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.

* 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.

For family members up to age 19, 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 (in network):
 - Frames and basic spectacle lenses or contact lenses
- 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/doctor and select *BlueVision*, *BlueVision Plus*, *Pediatric Vision* (Davis Vision) network to access our provider directory.



Ways to save on pediatric dental and vision

By staying in-network, you can save on pediatric dental and vision. Use the Preferred Dental Network and 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.

Online Member Resources

Go paperless and access additional information.

Be the first to know about important news and updates from CareFirst

Choose convenient electronic delivery of alerts, reminders, explanation of benefits (EOBs) and other communications by giving us your e-consent.

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

Follow us

Facebook: carefirst.com/facebook

Instagram: carefirst.com/Instagram

X (formerly Twitter): carefirst.com/x

YouTube: carefirst.com/youtube

LinkedIn: carefirst.com/linkedin

Important websites

Need care?

- CloseKnit (virtual care): closeknithealth.com
- Find a Doctor Tool: carefirst.com/doctor

Understanding and managing your plan

- My Account (member portal): carefirst.com/myaccount
- Mobile Access: carefirst.com/mobileaccess
- Prescriptions: carefirst.com/rx
- Vitality Member Resource Guide: carefirst.com/vitality

Health, wellness and member discounts

- CareFirst WellBeing (wellness program): carefirst.com/wellbeing
- Behavioral Health Digital Resource (emotional support): carefirst.com/bhdr
- Additional mental health services: carefirst.com/mentalhealth
If you or someone you know is in crisis, dial **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

Traveling 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.

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](https://www.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 identification 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.

Rights and Responsibilities

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.

Rights and Responsibilities

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 services 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:

- Alcohol and drug assessments for older children
- Autism screening
- Cardiac arrest risk assessment
- Certain diagnostic screenings for newborns
- Cervical dysplasia for sexually active females
- Counseling for certain sexually transmitted diseases for those at increased risk
- Depression screening
- Developmental screenings—under age 3
- Fluoride varnish

- Health, diet and weight counseling
- Hearing screening for newborns
- Hematocrit or hemoglobin screening
- Hepatitis B infection assessment
- HIV screening
- Lead testing
- Obesity screening
- Suicide risk assessment
- Tobacco use screening and cessation counseling
- Vision screening

Immunizations for children include:

- COVID-19
- Diphtheria, Tetanus, Pertussis
- Hepatitis A and Hepatitis B
- Human Papillomavirus (HPV)
- Inactivated Polio
- Influenza
- Influenza B
- Measles, mumps and rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

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 screening
- Contraceptive care and counseling including alternative methods
- Depression screening
- Fall Prevention Physical Therapy and Vitamin D (OTC*) supplementation to prevent falls in community-dwelling adults (those who are not in assisted living facilities or nursing homes), age 65 years or older who are at increased risk for falls.
- FDA-approved contraceptives and counseling
- Generic Truvada (emtricitabine/tenofovir disoproxil fumarate) (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's healthcare provider) including medication monitoring, preventive counseling or office visits, which may include the following services:
 - Adherence counseling
 - Creatinine testing
 - HIV, Hepatitis B and Hepatitis C screenings
 - Pregnancy testing
 - STI screening & counseling
- Gestational diabetes screening
- Health, diet and weight counseling for qualifying adults
- 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 infection screenings 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*)
- Fertility Mobile Apps**
- 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 oral contraceptives is required.
- Oral contraceptive (generics) (P)
- Shot/injection¹ (generic only) (P)

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

- Spermicide (OTC*)
- Sponge (OTC*) with spermicide (OTC*)
- Sterilization implant
- Sterilization surgery

Immunizations for adults:

- COVID-19
- Hepatitis A and B
- Herpes Zoster
- HPV

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 in to My Account at carefirst.com/myaccount.

* 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.

** Cannot submit to both HSA and FSA for reimbursement

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

(P) Prescription Required; (OTC) Over the Counter

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

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

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820
Fax Number 410-505-2011

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

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

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

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Foreign language assistance

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

አማርኛ (Amharic) ግለሰብ፡ ይህ ግለሰብ የሰጠው ስለ መደን ሽፋን መረጃ ይሄል። ከተወሰኑ ቀን-ቀን በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀን ሊያዝ ይችላል። ይኸን መረጃ የማግኘት አና ያለማንም ከፍቃድ በጽንጽም አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪገርም ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ የሚፈልጉትን ጽንጽ ያሳውቁ፤ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètílékò: Àkíyèsì yíi ní iwífún nípá isẹ̀ adójúfòfò rẹ̀. Ó lẹ̀ ní àwọn èdèti pátò o sì lẹ̀ ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ní ètò láti gba iwífún yí àti iránlówó ní èdè rẹ̀ lẹ́fẹ́. Àwọn ọmọ-ẹgbé gbòdò pé nọmbà fòdún tò wà lẹ́yìn káàdì idánimọ̀ wọn. Àwọn miràn lẹ̀ pé 855-258-6518 kí o sì dúró nípásẹ̀ ijìjì títí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dàhùṣ, sọ èdè tí o fẹ́ a ó sì sọ ọ pọ̀ mọ̀ ọ̀gburufò kan.

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

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

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

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

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

Bàsɔ̀w-̀wùdù (Bassa) Tò Dùù Cáo! B̃̀ ñà k̃e b̃á ñyò b̃é k̃é m̃ gbo kpá b̃ó ñ f̃ià-f̃iá-t̃iñ nyee j̃é dyí. B̃́ ñà k̃e b̃é d̃é w̃é j̃é b̃é b̃é m̃ k̃é d̃e wa m̃ò m̃ k̃e nyuee nyu hw̃é b̃é w̃é b̃éa k̃é zi. C̃ m̃ò ñ k̃p̃é b̃é m̃ k̃é b̃́ ñà k̃e k̃é gbo-kpá-kpá m̃ m̃óe dyé d̃é ñ b̃í d̃í-wùdù m̃ú b̃é m̃ k̃é se w̃í d̃í d̃ó p̃é. Kpooò ñyò b̃é m̃é d̃á f̃iñ-ñb̃b̃à ñà d̃é w̃áa I.D. k̃ààò d̃eñ nyee. Ñyò t̃òò s̃éñ m̃é d̃á ñb̃b̃à ñà k̃e: 855-258-6518, k̃é m̃ m̃é f̃ó tee b̃é wa k̃é m̃ gbo c̃é b̃é m̃ k̃é ñb̃b̃à m̃b̃à 0 k̃e dyi p̃àd̃àin hw̃é. C̃ j̃ú k̃é ñyò d̃ó dyi m̃ g̃́ j̃iñ, po wu d̃u m̃ m̃ó p̃oe dyie, k̃é ñyò d̃ó mu b̃ó ñiñ b̃é c̃ k̃é ñ wu d̃u m̃ú z̃à.

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

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

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

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

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

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Igbo (Igbo) Nrybama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. Q nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okwa okwu.

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

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

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

Diné Bizaad (Navajo) Ge': Díí bee í hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'íst'í'ígíí bá. Bii' dahóló doo íiyisíí yoolkááligíí dóó t'áádoó le'é ádadoolyííligíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'í' díí bee í hane' dóó níká'ádoowot' t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáta' éi koji' dahóoolnih 855-258-6518 dóó yí diilts'íí yaltí'ígíí t'áá nílélj' áádóó éi bikéé'dóó naasbąąs bił adidiilchit. Áká'ánidaalwó'ígíí neidiitáągo, saad bee yániit'í'ígíí yí diikít dóó ata' halne'é lá níká'ádoowot.



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