

HealthyBlue
Focused on you.



HealthyBlue Advantage HSA Maryland

HealthyBlue Advantage HSA!

A health care plan focused on u.

- manage your health
- save money
- have control
- get rewarded

Welcome

We're pleased to introduce you to **HealthyBlue Advantage HSA**, a new and positive approach to health care that encourages you to live a healthy lifestyle and rewards you for your success!

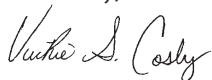
Designed to help you save with lower monthly premiums, **HealthyBlue Advantage HSA** offers high-deductible options for you to choose from: **\$1,500, \$3,000, \$4,000 and \$5,000**. With four options, you have more ways to customize your plan to fit your budget and lifestyle. And, you can feel confident that you're ready for an unexpected medical emergency—which could otherwise cost you thousands of dollars.

With HealthyBlue Advantage HSA:

- Enjoy competitive premiums.
- Pay nothing—not even a copay—for in-network preventive care office visits (e.g. routine physicals, OB/GYN visits, well-child care visits/immunizations, cholesterol/blood pressure/cancer screenings).
- Choose any doctor you want—no referrals needed.
- Have coverage no matter where you go—across the country or around the world.
- Qualify for a Healthy Reward and earn up to \$225 for an individual and up to \$525 for a family.*
- Get exclusive discounts on health and wellness services, including gym memberships, spa services, weight loss programs, laser vision correction and more.
- Enjoy vision care benefits and dental discounts.
- Explore the tax advantages of a Health Savings Account (HSA).
- Get around-the-clock advice by a registered nurse with FirstHelp.™

Read on about **HealthyBlue Advantage HSA**, offered by the CareFirst BlueCross BlueShield family of health care plans. Or, contact your broker or one of our Product Specialists at **(410) 356-8000** or toll-free at **(800) 544-8703** Monday–Friday, 8 a.m.–8 p.m. You can also visit **www.carefirst.com/individual** and apply today.

Sincerely,



Vickie S. Cosby

Senior Director, Consumer Direct Sales

* Individual & Family reward applies to a member enrolled in the \$1,500 deductible plan.
Children under age 2 are not eligible for the Healthy Reward.

A Plan For You

No matter what your stage in life, **HealthyBlue Advantage HSA** is the plan for you! Read more about how HealthyBlue Advantage HSA can fit your budget and lifestyle!

Are You Kyle?

Kyle is 26 years old and on his own—enjoying his freedom and newly found responsibilities. Kyle needed a health plan that could fit his tight budget. He picked **HealthyBlue Advantage HSA** because he knew it would cover his health care basics and most emergencies. Learn more about how Kyle found a rate he can afford on the next page.



Are You Amanda?

Amanda is 38 years old and thrilled to be running her own business. But this change in her career meant a change in her health care—no longer part of a group, she's on her own. Amanda picked **HealthyBlue Advantage HSA** because she liked the tax-savings opportunity and the budget-friendly rate. Learn more about Amanda's good deal in this section.



Are You Linda?

Linda is 55 years old. She's climbed the corporate ladder and now it's time to slow down. Linda has a part-time job which has reduced her stress but doesn't provide health care. Linda did her research and chose **HealthyBlue Advantage HSA**. She liked the tax-savings and the freedom to travel and be covered. Learn more about Linda's reduced-stress rate in this section.



A Plan For You



Meet Kyle

Kyle is thrilled to be on his own—enjoying the freedom and responsibility to make his own decisions. But, with student loans and everyday bills to worry about, keeping health care costs low was a priority. Kyle decided to forego health insurance, thinking he could afford the occasional doctor visit on his own. It wasn't until he tore his ACL playing baseball and paid a lot more than expected on surgery that he realized he needed health insurance. Kyle chose HealthyBlue Advantage HSA.

Now, Kyle doesn't worry about sliding into debt while sliding into home. Plus, he gets to enjoy all of the benefits of HealthyBlue Advantage HSA:

- **No charge preventive care visits.** Appointments with his doctor mean no copay and no hassle.
- **33,000 doctors.** Kyle was relieved to discover the large provider network—he could keep going to his family's primary care doctor.
- **Rewards.** Just by seeing the doctor and completing a health assessment, Kyle got \$125 back in the mail. He used the reward to pay for 3 months of his gym membership.
- **Health and Wellness discounts.** Kyle got a discount on his personal training sessions.
- **Tax savings.** Because the HealthyBlue Advantage HSA premium was so much less than typical high-cost health plans, Kyle decided to put away \$25 each month. After a year, he will have \$300 saved to use tax-free on qualified medical expenses like flu shots.
- **Vision care.** Kyle used his benefits to get a discount on prescription sunglasses—the perfect snowboarding shield on sunny slopes.
- **Online advantages.** Kyle applied online; it was quick, easy and he was approved in 24 hours.

Kyle saved over \$1,500 annually by choosing HealthyBlue Advantage HSA!

\$61/month*

	PPO Plan with \$500 deductible	HealthyBlue Advantage HSA Plan with \$5,000 deductible
12 Months of Premium*	\$2,688	\$732
Medical Expenses (estimated \$1,000 medical claim)	+\$600 (Kyle would pay \$500 deductible + \$100 in coinsurance expenses*) <small>*20% of the remaining \$500 expenses</small>	+\$1,000 (Kyle paid \$1,000 toward his \$5,000 deductible)
Total Expenses (annual premium and medical expenses)	= \$3,288	= \$1,732
		Over \$1,500 in Savings

* Monthly premium effective 10/1/12 for a male age 26 living in Maryland.

The comparison example used is BluePreferred, a Preferred Provider Organization, \$500 plan which has different cost-sharing, rules and benefits.



Meet Amanda

Amanda loves being in her thirties. She's at a new place of confidence and financially savvy. Yet, her self-employed career comes without employer-sponsored health insurance. Juggling deadlines and staying active have left Amanda with little time to compare plans. In the meantime, Amanda saw the dermatologist. Between the visit, her doctor-recommended biopsy and prescriptions, she was shocked at the high-cost of her medical bill.

Now, Amanda knows health insurance is a necessity—not a luxury. She made the time to research and found HealthyBlue Advantage HSA. Finally, she has a health plan to match her financial plan:

- **No charge preventive care visits.** Amanda is thrilled that her annual doctor and OB/GYN visits are no charge and no hassle.
- **In-network benefits wherever she goes.** Traveling for work is a requirement. Amanda was relieved to find that HealthyBlue Advantage HSA follows her—across the country and around the world.
- **Tax savings.** The Health Savings Account allows Amanda to invest her hard-earned money into an interest-accruing account—where she gets three levels of tax savings!
- **Rewards.** Amanda selected a PCP, completed her health assessment and evaluation with her doctor and earned \$125. She invested her reward into her HSA.
- **Health and wellness discounts.** After showing her CareFirst BlueChoice membership card, Amanda got a reduction on her yoga membership, magazine subscription and massage services.
- **Vision care & dental discounts.** Amanda used her benefits to get a discount on new contacts and a discounted dental cleaning.

Amanda saved over \$1,000 annually by choosing HealthyBlue Advantage HSA!

\$134/month*

	PPO Plan with \$500 deductible	HealthyBlue Advantage HSA Plan with \$5,000 deductible
12 Months of Premium*	\$3,384	\$1,608
Medical Expenses (estimated \$2,000 medical claim)	+\$800 (Amanda would pay \$500 to meet her deductible + \$300 in coinsurance expenses*) <small>*20% of the remaining \$1,500 expenses</small>	+\$2,000 (applied to deductible) (Amanda used \$2,000 she had contributed to her HSA to pay for her medical expenses)
Total Expenses (annual premium and medical expenses)	= \$4,184	= \$3,608
Estimated Federal Tax Savings	N/A	-\$560 (Amanda's \$2,000 HSA contribution X estimated 28% federal tax bracket = her tax savings)
Total Net Expenses (total expenses minus estimated federal tax savings)	\$4,184	\$3,048
		Over \$1,000 in Savings

* Monthly premium effective 10/1/12 for a female age 38 living in Maryland.

The comparison example used is BluePreferred, a Preferred Provider Organization, \$500 plan which has different cost-sharing, rules and benefits.

A Plan For You



Meet Linda

Linda recently switched to a part-time job and she's finally finding time to relax. Like most people in their 50s, the busy world of starting and raising a family, building a career, and balancing a mortgage and other household bills is no longer a focal point. Unfortunately, her part-time job does not offer health insurance. Medicare is still many years down the road and Linda knows it's too risky to "wait it out."

That's why she enrolled in HealthyBlue Advantage HSA. She wanted a plan that fits her life today. One that protects her savings from the high cost of health care and respects the fact that, at this stage in her life, she is just as concerned with saving for retirement as she is with getting reasonably-priced health care.

- **No charge preventive care visits.** Linda loves that her annual check-ups and screenings are easy and cost nothing.
- **Coverage when you travel.** Between visits to her kids living in different states and her own snowbird vacations, Linda spends a lot of her time traveling. That's why it was a relief to discover that HealthyBlue Advantage HSA provided medical coverage for all her trips.
- **Tax savings.** The Health Savings Account allows unused funds to rollover and accumulate year to year.

Linda is close to depositing the maximum amount monthly so that when she turns 65, she can use the money as retirement savings. The maximum amount you can contribute is \$3,100 in 2012. *Members 55 and older can contribute an additional \$1,000.*

- **Health and wellness discounts.** After showing her CareFirst BlueChoice membership card, Linda got a discount at her gym and personal training sessions. Then, she went to the spa and got another discount—now that's how you reduce stress!

Linda saved over \$2,800 annually by choosing HealthyBlue Advantage HSA!

\$189/month*

	PPO Plan with \$500 deductible	HealthyBlue Advantage HSA Plan with \$5,000 deductible
12 Months of Premium*	\$6,876	\$2,268
Medical Expenses (estimated \$4,000 medical claim)	+\$1,200 (Linda would pay \$500 to meet her deductible + \$700 in coinsurance expenses*) <i>*20% of the remaining \$3,500 expenses</i>	+\$4,000 (applied to deductible) (Linda used \$4,000 she had contributed to her HSA to pay for her medical expenses)
Total Expenses (annual premium and medical expenses)	= \$8,076	= \$6,268
Estimated Federal Tax Savings	N/A	-\$1,120 (Linda's \$4,000 HSA contribution X estimated 28% federal tax bracket = her tax savings)
Total Net Expenses (total expenses minus estimated federal tax savings)	\$8,076	\$5,148
		Over \$2,800 in Savings

* Monthly premium effective 10/1/12 for a female age 55 living in Maryland.

The comparison example used is BluePreferred, a Preferred Provider Organization, \$500 plan which has different cost-sharing, rules and benefits.

What's Covered



HealthyBlue. Focused on you.



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manage your health.

Visit www.carefirst.com/individual to learn more today.

HealthyBlue Advantage HSA

Summary of Benefits

- Choose Your Plan:**
- **HealthyBlue Advantage HSA \$1,500** (Individual In-Network Deductible)
 - **HealthyBlue Advantage HSA \$3,000** (Individual In-Network Deductible)
 - **HealthyBlue Advantage HSA \$4,000** (Individual In-Network Deductible)
 - **HealthyBlue Advantage HSA \$5,000** (Individual In-Network Deductible)

Program Details	In-Network		Out-of-Network
	Within MD, DC, Northern VA (CareFirst BlueChoice)	Outside of MD, DC, Northern VA (BlueCard PPO)	Any other Provider (you may be subject to balance billing*)
PCP Selection Required	No		No
Referrals Required	No		No
LIFETIME MAXIMUM	None		None
PREVENTIVE SERVICE			
Routine Adult Physical (Including routine OB/GYN Visits)	No Charge		Deductible, then No Charge
Well-Child Care (including exams and immunizations)	No Charge		Deductible, then No Charge
Breast Cancer Screening	No Charge		No Charge
Pap test, Prostate Screening, and Colorectal Screening	No Charge		Deductible, then No Charge
OFFICE VISITS, LABS AND TESTING			
Office Visits for Illness	PCP: Deductible, then No Charge Specialist: Deductible, then \$40 Copay		Deductible, then \$75 Copay
Office Visits for Physical, Occupational and Speech Therapy, Chiropractic	Deductible, then \$40 Copay		Deductible, then \$75 Copay
Diagnostic/Lab Tests	Deductible, then \$40 Copay		Deductible, then \$75 copay
X-ray	Deductible, then \$40 Copay		Deductible, then \$75 copay
EMERGENCY CARE			
Emergency Room (waived if admitted)	Deductible, then \$200 Copay		Deductible, then \$200 Copay
Urgent Care Center (Participating)	Deductible, then \$50 Copay		Deductible, then \$50 Copay
Ambulance (when medically necessary)	Deductible, then \$50 Copay		Deductible, then \$50 Copay
HOSPITALIZATION			
Inpatient Facility Services	Deductible, then \$450 per day copay		Deductible, then \$700 per day copay
Inpatient Physician Services	Deductible, then \$40 copay		Deductible, then \$125 copay
Outpatient Surgery Facility Services (Freestanding facility)	Deductible, then \$40 copay		Deductible, then \$125 copay
Outpatient Surgery Facility Services (Hospital facility)	Deductible, then \$200 copay		Deductible, then \$500 copay
Outpatient Physician Services	Deductible, then \$40 copay		Deductible, then \$125 copay
ADDITIONAL NURSING SERVICES			
Skilled Nursing	Deductible, then \$40 Copay		Deductible, then \$125 copay
Home Health Services	Deductible, then \$40 Copay		Deductible, then \$125 copay
Hospice	Deductible, then \$40 Copay		Deductible, then \$125 copay
MENTAL HEALTH AND SUBSTANCE ABUSE			
Inpatient Facility Services	Deductible, then \$450 per day copay		Deductible, then \$700 per day copay
Inpatient Physician Services	Deductible, then \$40 copay		Deductible, then \$125 copay
Outpatient Services	Deductible, then \$40 copay		Deductible, then \$40 copay
DURABLE MEDICAL EQUIPMENT	Deductible, then \$40 Copay		Deductible, then \$125 copay
MATERNITY SERVICES			
Office Visits (pre and postnatal)	Deductible, then \$40 Copay		Deductible, then \$75 copay
Delivery	Deductible, then \$450 per day copay		Deductible, then \$700 per day copay

* Providers subject to the laws of the State of Maryland cannot balance bill members.

HealthyBlue Advantage HSA

Summary of Benefits

Prescription Drug Benefits

HealthyBlue Advantage HSA members **pay nothing—not even a copay—for select generic prescription drugs**. All other generic drugs require you to meet your deductible first, then there's no charge.

Additionally, we offer preferred preventive drugs at no cost. A preferred preventive drug is a medication

prescribed by a doctor under a written prescription, in one of these five categories—aspirin, folic acid, fluoride, iron supplements and smoking cessation as well as medications or other items included in the comprehensive guidelines for women's preventive health.

Prescription Drug Benefits	Amount
HealthyBlue Select Generic Drugs Preferred Preventive Drugs (up to a 34-day supply) A complete list of HealthyBlue Select Generics can be found at www.carefirst.com/healthyblue .	\$0, no deductible
All Other Generics (Tier 1) (up to a 34-day supply)	Deductible, then \$0 copay
Preferred Brand Name Drugs (Tier 2) (up to a 34-day supply)	Deductible, then \$45 copay
Non-Preferred Brand Name Drugs (Tier 3) (up to a 34-day supply) A complete list of Tier 1–Tier 3 drugs can be found at www.carefirst.com/rx .	Deductible, then up to a \$200 copay (If drug discount brings the cost of the drug under \$200, you pay the lower discounted price. <i>You will never pay more than a \$200 copay.</i>)

You can also receive maintenance medication, for 2½ times the monthly copay, up to a 90-day supply, for Tier 2 and Tier 3 drugs. Copays are not required for a 90-day supply of generic drugs.



Dental and Vision

Dental Discounts *(Included)*

Regular preventive dental care is an important part of staying healthy.

That's why CareFirst BlueChoice members have access to a regional network of dentists (including specialists, where available) who provide discounts of between 20% and 40% on virtually all types of dental procedures, including routine office visits, X-rays, exams, fillings, root canals and even orthodontics.

The BlueChoice Discount Dental program is included at no additional charge as part of your CareFirst BlueChoice medical plan and is administered by The Dental Network, an independent licensee of the Blue Cross and Blue Shield Association.

CareFirst BlueChoice members need only show their CareFirst BlueChoice identification card when visiting any participating plan provider to receive dental services at discounted fees. Because the Discount Dental program is not insurance, there are no claim forms, no maximums and no deductibles.



Upgraded Dental *(Optional)*

We offer three upgraded dental options in the Individual Select product family: **Dental HMO**, **Preferred Dental**, and **Preferred Dental Plus**.

Dental HMO offers you dental care with lower, predictable copayments for routine and major dental services such as preventive and diagnostic dental care, surgical extractions, root canal therapy and orthodontic treatment. As a member of our Dental Health Maintenance Organization (Dental HMO) plan, you'll select a general dentist from a network of 580+ participating providers to coordinate all of your dental care needs. When specialized care is needed, your general dentist will recommend a specialist within the Dental HMO network.

Preferred Dental offers a larger dental network of over 3,600 participating providers and 100% coverage for preventive and diagnostic dental care. And, there are no deductibles to meet.

Preferred Dental Plus provides coverage for an extensive range of basic and major dental services, including no charge for oral exams, cleanings and X-rays when you visit network providers. With Preferred Dental Plus, you can choose from more than 3,600 network general dentists and specialists and have access to a national dental network which includes 74,000 dental providers across the country.

All of our Individual Select dental plans are guaranteed acceptance and require no claim forms when you stay in-network.

If you have questions regarding dental coverage or participating providers, or wish to request an application, please contact a Product Specialist at (800) 544-8703.

Dental and Vision

Vision *(Included)*

Eye care benefits are part of your medical plan, through our network administrator, Davis Vision*. For annual routine eye examinations, just call and make an appointment with one of the participating providers, and pay the \$10 copay at the time of service. Additionally, through Davis Vision, you receive discounts of approximately 30% on eyeglass lenses and frames or contact lenses.

To locate a vision care provider, contact Davis Vision at (800) 783-5602 or visit **www.carefirst.com/doctor**.

* An independent company that does not provide CareFirst BlueChoice products or services. The company is solely responsible for its products, services and/or discounts mentioned herein.



health+wellness

take charge.

As a member, you are encouraged to take advantage of the Health + Wellness program at no additional charge. Whether you're looking for health and wellness tips or support to manage a health condition—you'll find it with Health + Wellness.

Options / Blue365 Discount Programs

You have access to discounts on fitness centers, acupuncture, spas, massages, chiropractic care, nutritional counseling, laser vision correction, and more! Visit www.carefirst.com/options to learn more.

Nurse Line—First Help™

Any time, day or night you can speak with a nurse. Registered nurses are available to answer your health care questions and help guide you to the most appropriate care. Simply call (800) 535-9700 and a registered nurse will ask about your symptoms and help you decide on the best source of care.

My Care First Website

Take an active role in managing your health and visit My Care First at www.carefirst.com/mycarefirst. Find nearly 300 interactive health related tools, a multi-media section with more than 400 podcasts, and recipes you can search by food group or dietary restrictions. Plus, there are videos and tutorials on chronic diseases and an encyclopedia with information on more than 3,000 conditions.

Pedometer App

Count your steps, distance traveled and calories burned for each workout with the CareFirst *Ready, Step, Go!* app. Aim for 10,000 steps a day to help control your weight, reduce stress, strengthen your heart and lungs, and improve bone density. This free app is available to anyone who has an iPhone, iPod Touch or Droid smartphone. To download it, visit your favorite app store and search for “*Ready, Step, Go!*”

Vitality Magazine

Our member magazine has tools to help you achieve a healthier lifestyle. *Vitality* provides you with updates to your health care plan, a variety of health and wellness topics, including food and nutrition, physical fitness and preventive health. As a member, you will receive *Vitality* magazine three times per year.

Health News

Sign up for our monthly electronic member newsletter to receive health-related articles and recipes via email. Visit www.carefirst.com/healthnews to subscribe to information about:

- Making healthy choices.
- Adding physical activity to your day.
- Preparing nutritious and delicious recipes.
- Getting the best health care.
- Managing chronic conditions.

Telephonic Health Coaching

The Telephonic Health Coaching program is designed to help you build confidence as you learn new skills and positive lifestyle behaviors. You can interact with your coach through a private, secure Web-based message board and by phone. You and your coach will work together to develop a personalized plan with milestones for achieving goals. Your coach will monitor your progress and provide guidance and support as needed.

Once you complete your health assessment as part of the Healthy Rewards process, you'll receive an email with details on accessing online health coaching programs.

Online Health Coaching

To help you meet your health goals, take advantage of our confidential Web-based health coaching program to help you improve in the following areas:

- Weight management
- Stress management
- Smoking cessation
- Physical activity
- Overcoming depression
- Care for your back

Health Advising

After you complete the Health Assessment, a health advisor may contact you. The health advisor can answer your questions and discuss your results. The Health Advising session is usually 10-15 minutes long.



How Your Plan Works



HealthyBlue. Focused on you.



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get rewarded.

Visit www.carefirst.com/individual to learn more today.

Manage Your Health Care and Save

As a HealthyBlue Advantage HSA member, you have the flexibility and freedom to choose from both in- and out-of-network providers.

In-Network—Biggest savings to you

Save the most money by using providers and facilities in the CareFirst BlueChoice network. If you access care outside of Maryland, the District of Columbia and Northern Virginia, you can still receive in-network benefits by visiting a BlueCard® PPO provider. BlueCard® PPO providers who have a specialty of family practice, general pediatrics, general practice, geriatrics and general internal medicine will be considered as PCPs.

- Enjoy a preventive care package where you pay nothing—not even a copay—for in-network preventive office visits and screenings. This includes annual routine examinations, OB/GYN visits, well-child care/immunizations, cholesterol/blood pressure screenings, and cancer screenings (mammograms, PAP tests, prostate and colorectal).
- Pay the lowest annual deductible and copays.
- Pay the lowest out-of-pocket costs for all services.

Out-of-Network—Greater flexibility with higher costs

One of the biggest benefits of HealthyBlue Advantage HSA is that you can visit any doctor or specialist and still have coverage. However, providers who are not in the CareFirst BlueChoice network or BlueCard® PPO network are considered out-of-network and you will pay a higher deductible and copay. Also, you may be responsible for:

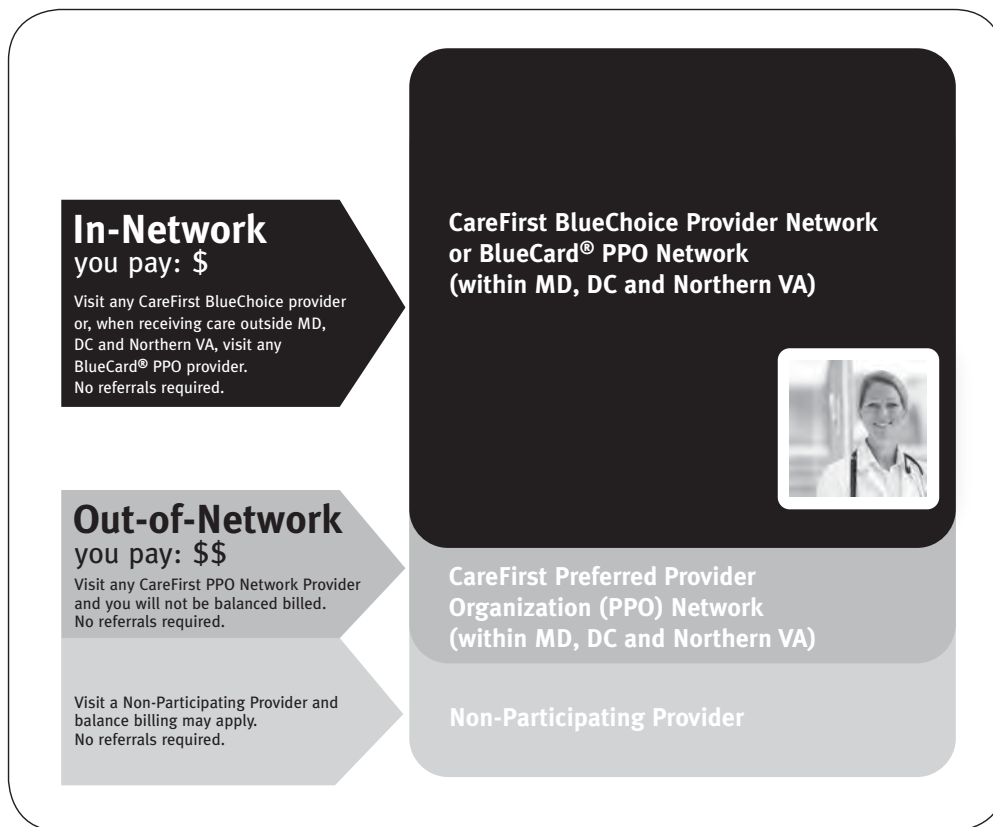
- Paying the doctor's actual charge at the time you receive care.
- Filing your claim for reimbursement.
- Balance billing charges. This means your doctor may charge you more than the allowed benefit. Allowed Benefit is the amount CareFirst BlueChoice has agreed to pay for a covered service.

Maryland residents: Providers subject to the laws of the State of Maryland cannot balance bill you for amounts over the allowed benefit.



Find a doctor by visiting www.carefirst.com/doctor

Manage Your Health Care and Save



Meeting Your Deductible

While preventive services are available at no cost, you have an annual deductible to meet for most services with HealthyBlue Advantage HSA. This means some health care costs that you and your family members incur before you meet your deductible are your responsibility.

If you have individual coverage, you must meet the individual deductible. If you have family coverage, the deductible expenses of all family members covered under the plan are combined to meet the family deductible.

All of your deductible expenses count toward both the in-network and out-of-network deductibles. For example, if you pay \$200 in medical expenses for a procedure performed by an in-network doctor, both your remaining out-of-network and your remaining in-network deductibles will be reduced by \$200.

Once you meet your deductible, you then receive the full benefit of your coverage for the remainder of your enrollment year.

Even if you haven't met your annual deductible yet, you still receive the benefit of CareFirst BlueChoice's negotiated discount rates with all participating providers. We call this discount your "allowed benefit." It means big savings over what you would be paying if you weren't a member.

Out-of-Pocket Maximum

Your out-of-pocket maximum is the maximum amount you'll pay in deductibles, copays and coinsurance during each calendar year. Should you ever reach your out-of-pocket maximum, CareFirst BlueChoice will then pay 100% of the allowed benefit for all covered services for the remainder of the benefit period.

Manage Your Health Care and Save

Keep in mind that in-network preventive office visits and screenings are not subject to the deductible. This includes annual routine examinations, OB/GYN visits, well-child care/immunizations, cholesterol/blood pressure screenings and cancer screenings (mammograms, PAP tests, prostate and colorectal).

Choose from four deductible options.

The higher your deductible, the lower your monthly premium.

	\$1,500	\$3,000	\$4,000	\$5,000
	You Pay			
1. First, you pay all costs you incur for health care until you meet the annual DEDUCTIBLE .	In-Network Ind: \$1,500 Family: \$3,000 Out-of-Network Ind: \$2,500 Family: \$5,000	In-Network Ind: \$3,000 Family: \$6,000 Out-of-Network Ind: \$4,500 Family: \$9,000	In-Network Ind: \$4,000 Family: \$8,000 Out-of-Network Ind: \$5,500 Family: \$11,000	In-Network Ind: \$5,000 Family: \$10,000 Out-of-Network Ind: \$6,050 Family: \$12,100
2. After you meet your deductible, CareFirst BlueChoice pays medical costs, and you pay a set COPAY or COINSURANCE for some services.	In-Network Copay, if any, varies by service Out-of-Network Copay, if any, varies by service			
3. Your payments for covered expenses (deductibles, copays and coinsurance) in any year will not exceed your OUT-OF-POCKET MAXIMUM .	In-Network Ind: \$4,500 Family: \$9,000 Out-of-Network Ind: \$5,900 Family: \$11,800	In-Network Ind: \$5,000 Family: \$10,000 Out-of-Network Ind: \$5,900 Family: \$11,800	In-Network Ind: \$6,000 Family: \$12,000 Out-of-Network Ind: \$7,000 Family: \$14,000	In-Network Ind: \$6,050 Family: \$12,100 Out-of-Network Ind: \$7,500 Family: \$15,000
4. Once you meet your out-of-pocket maximum, CareFirst BlueChoice pays all remaining charges for the rest of the benefit period.	In-Network No charge Out-of-Network No charge up to the allowed benefit			

Opening a Health Savings Account

Your HealthyBlue Advantage HSA plan allows you to take advantage of the benefits of a Health Savings Account (HSA), a tax-deductible account that works like an IRA for health expenses or a Flexible Savings Account. You can use the money in your HSA to cover you, your spouse and your dependents—even if they are not enrolled in your medical plan.

Opening a HSA, with any bank, provides you with a number of benefits, including:

- **Tax Savings**—Deposits are tax-free, interest earnings are tax-free, and withdrawals for qualified medical expenses are tax-free.
- **Freedom and Control**—Use the money in your HSA to pay for a wide range of medical services such as your copays, prescriptions and dental and vision care. Bottom line: You get to decide how and when to spend your health care dollars.
- **Affordability**—Instead of paying for traditional high-cost health insurance, this higher deductible health plan allows you to save money on premiums and contribute to an HSA.
- **Portability**—Your money remains with you even if you make changes to your health plan or move out of state.
- **Growth**—Balances grow significantly by earning interest. You can also use other bank investment services to grow your savings even more.
- **Long-Term Access**—Unused funds rollover and accumulate year to year; no “use it or lose it” rule.

And, when you are age 65, you can use the money as retirement savings, or continue to use it for medical expenses.

Many banks or other financial institutions have a HSA program available. However, for your convenience, CareFirst BlueChoice has partnered with The Bancorp Bank. Some key advantages of a HSA administered by The Bancorp Bank, include:

- No opening deposit minimums or application fees.
- A free Visa® debit card and a free package of 50 checks for easy payment of your qualified medical expenses.
- Access to free 24/7 customer service and online banking.
- A Funds Transfer service to safely and securely transfer your money.

When you apply for HealthyBlue Advantage HSA, your contact information will be sent to The Bancorp Bank, who will send you information on how to set up your health savings account. Or, sign up for your health savings account right away by visiting www.my-healthsavingsaccount.com.



Sign up for your health savings account by visiting
www.my-healthsavingsaccount.com.

Healthy Reward

Take Control & Get Rewarded

Taking control of your health has its rewards. As a member of HealthyBlue Advantage HSA, you are eligible to receive between \$125-\$225 for you or \$325-\$525* for your entire family each year in the form of a gift card or contribution to your HSA account.

You can use the gift card to help pay your medical plan premium or toward medical expenses—like copays or deductibles. Or you can use it for gym memberships, athletic equipment and other fitness-related items. Visit www.carefirst.com/healthyblue for a full list of eligible items.

In order to receive the full benefit of HealthyBlue Advantage HSA and earn your Healthy Reward, each member (age 2 and up) needs to complete Steps 1–3 within 180 days of your effective date.

Step 1: Select your personal PCP.

- Select a CareFirst BlueChoice PCP by visiting www.carefirst.com/myaccount or call the Member Services phone number listed on your ID card.

Step 2: Complete the online Health Assessment and consent to sharing the information with your PCP.

- Register online for *MyAccount* at www.carefirst.com/myaccount.
- Click the *Manage My Health* tab followed by Health Assessment and Coaching to take your Health Assessment. Then answer some health and lifestyle questions—it's simple.
- Remember to check the consent box to share the information with your PCP.
- If you don't have Internet access, call (866) 454-5375 to request a paper copy of the Health Assessment.

Step 3: Work with your PCP to complete the Health and Wellness Evaluation Form—then submit it to CareFirst BlueChoice.

- Schedule an appointment with your PCP as soon as you can. Be sure to bring the Health and Wellness Evaluation Form** and the instructions with you. You can download a copy from www.carefirst.com/healthyblue. The form lists a variety of questions you need to answer about your health screenings, flu shots, cholesterol, and body mass index (BMI). Your PCP will complete your assessment.
- Once all of the health measures have been recorded and reviewed, the Health and Wellness Evaluation Form is ready for you and your PCP to sign. Signing the form tells CareFirst BlueChoice that both you and your PCP have reviewed your results. You'll be responsible for submitting the completed form to CareFirst BlueChoice. Just follow the directions on the form.

* Children age 2-17 can receive \$25 by completing Steps 1-3. Children under age 2 are not eligible for a Healthy Reward.

** Depending on your doctor's office policy, you may be charged an administrative fee to fill out the form.

Healthy Reward

Take Control & Get Rewarded

Get Your Healthy Reward

Once you complete the 3 steps, including the consent to share results with your PCP, you'll receive your reward (*see chart below*). You can select to receive your reward from one of the following options:

1) Healthy Reward Gift Card

We'll send your reward money in the form of a gift card. Use your gift card toward your medical plan premium deductible, or toward gym memberships, athletic equipment and other fitness-related items. Visit www.carefirst.com/healthyblue for a full list of eligible items.

2) Healthy Reward HSA Account Deposit

You may choose any bank for your HSA; however, you must sign up with The Bancorp Bank in order to have your reward money deposited into your HSA.

Be sure to register online for *My Account* and select this option. You must have an HSA open with our preferred vendor, Bancorp Bank, to select this reward option. Otherwise we cannot deposit your reward money into your account. Go to www.carefirst.com/myaccount to register and provide authorization for this choice.

Once you've completed your steps, and have been enrolled in HealthyBlue Advantage HSA for 90-days, you'll receive your Healthy Reward gift card. Allow 4-6 weeks for processing.

Incentive Reward Amounts

Plan	Individual Reward	Child Reward	Individual/ Adult Maximum	Individual/ Child(ren) Maximum	Family Maximum
\$1,500	\$225	\$25	\$450	\$300	\$525
\$3,000	\$165	\$25	\$330	\$240	\$405
\$4,000	\$140	\$25	\$280	\$215	\$355
\$5,000	\$125	\$25	\$250	\$200	\$325

Please note children under age 2 are not eligible for Healthy Rewards.

**Apply
Today!**



HealthyBlue. Focused on you.



u

have the control.

Visit www.carefirst.com/individual to learn more today.

Apply Today for HealthyBlue Advantage HSA

Three ways to apply!

Applying for a HealthyBlue Advantage HSA plan is easy. Select one of the three ways to apply from the list below. Please keep in mind that each family member applying must be a resident of Maryland.

1. Apply online and be approved in as little as 24 hours at **www.carefirst.com/individual**, or
2. Fill out and mail the enclosed application. Send no money when you apply. We'll begin processing your application right away, or
3. Apply through your broker.

Steps to apply.

1. Review the plan benefits and premiums.

The enclosed rate charts, which indicate coverage type, age and gender, show your monthly premium.

2. Choose a coverage type.

- › Individual
- › Individual and Child(ren)*
- › Individual and Adult **
- › Family (two eligible adults and eligible dependents)

* "Child" means your eligible child up to age 26. Eligibility requirements are defined in the contract.

** "Adult" means the Spouse or Domestic Partner of the Policyholder who satisfies the eligibility requirements defined in the contract.

3. Choose a plan.

Select a plan option: **HealthyBlue Advantage HSA \$1,500, \$3,000, \$4,000 or \$5,000.**

Make sure you select "yes" in the Dental benefit selection area on the application if you would like the Individual Select Dental HMO added to your plan for an additional cost.

Once you have submitted your application, you can call the Application Status Hotline at (877) 746-7515 with questions. Your coverage will become effective the first of the month following the month in which we approve your application.

If you have questions, please call your broker or one of our Product Specialists at **(410) 356-8000** or toll free at **(800) 544-8703**, Monday–Friday 8 a.m.–8 p.m. Or, visit the CareFirst BlueChoice website at **www.carefirst.com/individual**.

Pay Your Premium Online with eBilling!

As a member, you can save time and take advantage of our online billing system called eBilling.

With eBilling you can:

- Set up recurring monthly payments with your debit, checking or credit card account.
- View and pay your monthly bill online, 24 hours a day, 7 days a week.
- Check the status of your payment and any outstanding balances.

You can set up your eBilling account on your application or through *My Account* located at **www.carefirst.com/myaccount**.

Additional Information



HealthyBlue. Focused on you.

A large, stylized lowercase letter 'u' in a medium blue color, centered on a light blue background. The 'u' has a thick, rounded stroke.

save money.

Visit www.carefirst.com/individual to learn more today.

Privacy Practices

Our Commitment to Our Members

When you apply for any type of insurance, you disclose information about yourself and/or members of your family. The collection, use and disclosure of this information are regulated by law. Safeguarding your personal information is something that we take very seriously at CareFirst BlueChoice. CareFirst BlueChoice is providing this notice to inform you of what we do with the information you provide to us.

Categories of Personal Information We May Collect

We may collect personal, financial and medical information about you from various sources, including:

- Information you provide on applications or other forms, such as your name, address, social security number, salary, age and gender.
- Information pertaining to your relationship with CareFirst BlueChoice, its affiliates or others, such as your policy coverage, premiums and claims payment history.
- Information (as described in preceding paragraphs) that we obtain from any of our affiliates.
- Information that we receive about you from other sources, such as your employer, your provider and other third parties.

How Your Information Is Used

We use the information that we collect about you in connection with underwriting or administration of an insurance policy or claim or for other purposes allowed by law. At no time do we disclose your personal, financial and medical information to anyone outside of CareFirst BlueChoice unless

we have proper authorization from you or we are permitted or required to do so by law. We maintain physical, electronic and procedural safeguards in accordance with federal and state standards that protect your information.

In addition, we limit access to your personal, financial and medical information to those CareFirst BlueChoice employees, brokers, benefit plan administrators, consultants, business partners, providers and agents who need to know this information to conduct CareFirst BlueChoice business or to provide products or services to you.

Disclosure of Your Information

In order to protect your privacy, affiliated and nonaffiliated third parties of CareFirst BlueChoice are subject to strict confidentiality laws. Affiliated entities are companies that are a part of the CareFirst BlueChoice corporate family and include health maintenance organizations, third party administrators, health insurers, long-term care insurers and insurance agencies. In certain situations, related to our insurance transactions involving you, we disclose your personal, financial and medical information to a nonaffiliated third party that assists us in providing services to you. When we disclose information to these critical business partners, we require these business partners to agree to safeguard your personal, financial and medical information and to use the information only for the intended purpose, and to abide by the applicable law. The information CareFirst BlueChoice provides to these business partners can only be used to provide services we have asked them to perform for us or for you and/or your benefit plan.

Privacy Practices

Our Commitment to Our Member

Changes in Our Privacy Policy

CareFirst BlueChoice periodically reviews its policies and reserves the right to change them. If we change the substance of our privacy policy, we will continue our commitment to keep your personal, financial and medical information secure – it is our highest priority. Even if you are no longer a CareFirst BlueChoice customer, our privacy policy will continue to apply to your records. You can always review our current privacy policy online at **www.carefirst.com**.

For questions, please contact us by calling the Member Services telephone number listed on your membership card.



Compensation and Premium Disclosure Statement

Our compensation to providers who offer health care services and behavioral health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

If you desire additional information about our methods of paying providers, or if you want to know which method(s) apply to your physician, please call our Member Services Department at the number listed on your identification card, or write to:

CareFirst BlueChoice, Inc.
840 First Street, NE
Washington, DC 20065
Attention: Member Services

A. Methods of Paying Physicians

The following definitions explain how insurance carriers may pay physicians (or other providers) for your health care services.

The examples show how Dr. Jones, an obstetrician/gynecologist, would be compensated under each method of payment.

Salary: A physician (or other provider) is an employee of the HMO and is paid compensation (monetary wages) for providing specific health care services.

Since Dr. Jones is an employee of an HMO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing pre-natal care to Mrs. Smith, who is a member of the HMO, Dr. Jones' salary is unchanged. Although Mrs. Smith's baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have an effect upon Dr. Jones' salary.

Capitation: A physician (or group of physicians) is paid a fixed amount of money per month by an HMO for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services that an individual patient requires.

Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.

Fee-for-Service: A physician (or other provider) charges a fee for each patient visit, medical procedure, or medical service provided. An HMO pays the entire fee for physicians it has under contract and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder.

Dr. Jones' contract with the insurer or HMO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.

Discounted Fee-for-Service: Payment is less than the rate usually received by the physician (or other provider) for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs and the physician (or other provider), who usually gets an increased volume of patients.

Compensation and Premium Disclosure Statement

Like fee-for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each patient visit and each delivery; but under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs, Dr. Jones will be paid a discounted rate by the insurer or HMO.

Bonus: A physician (or other provider) is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs and use of services.

An HMO rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.

Case Rate: The HMO or insurer and the physician (or other provider) agree in advance that payment will cover a combination of services provided by both the physician (or other provider) and the hospital for an episode of care.

This type of arrangement stipulates how much an insurer or HMO will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from the insurer or HMO for the care provided to Mrs. Smith.

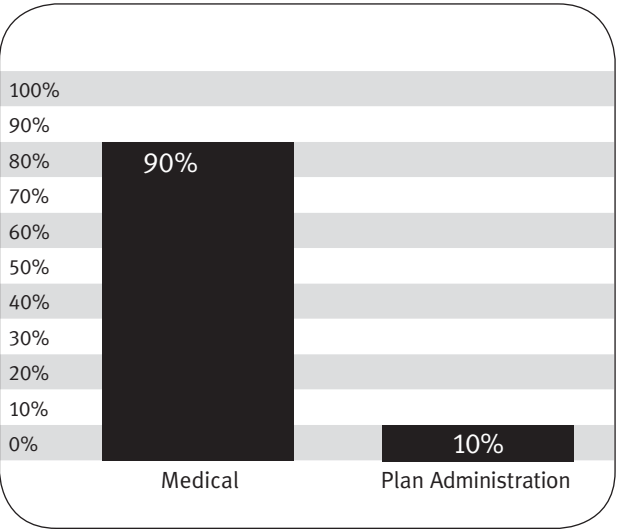
B. Percentage of Provider Payment Methods

CareFirst BlueChoice, Inc. is a network model HMO and contracts directly with the primary care and specialty care providers. According to this type of arrangement, CareFirst BlueChoice, Inc. reimburses providers primarily on a discounted fee-for-service payment method. The provider payment method percentages for CareFirst BlueChoice, Inc. are approximately 99% discounted fee-for-service with less than 1% capitated.

C. Distribution of Premium Dollars

The bar graph below illustrates the proportion of every \$100 in premium used by CareFirst BlueChoice, Inc. to pay physicians (or other providers) for medical care expenses, and the proportion used to pay for plan administration.

These numbers represent an average for all HMO accounts based on our annual statement. The ratio of direct medical care expenses to plan administration will vary by account.



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. 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 see our Notice of Privacy Practices, go to 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.

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:

- 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.

- 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
- Fax a written complaint to: (301) 470-5866
- 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.

Rights and Responsibilities

If you wish, you may also contact the appropriate jurisdiction's regulatory department regarding your concern:

Virginia:

Complaint Intake, Office of Licensure and Certification, Virginia Department of Health,
9960 Mayland Drive, Suite 401,
Richmond, VA 23233-1463
Phone #: (800) 955-1819 or (804) 367-2106
Fax #: (804) 527-4503

Office of the Managed Care Ombudsman,
Bureau of Insurance
P.O. Box 1157, Richmond, VA 23218
Phone #: 1-877-310-6560 or (804) 371-9032

District of Columbia:

Department of Insurance, Securities and Banking
801 1st Street, NE, Suite 701, Washington, DC
20002
Phone #: (202) 727-8000

Maryland:

Maryland Insurance Administration,
Inquiry and Investigation, Life and Health,
200 St. Paul Place, Suite 2700,
Baltimore, MD 21202
Phone #: (800) 492-6116 or (410) 468-2244

Office of Health Care Quality, Spring Grove Center,
Bland-Bryant Building, 55 Wade Avenue,
Catonsville, MD 21228
Phone #: (410) 402-8016 or (877) 402-8218

Hearing Impaired

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

Maryland Relay Program: (800) 735-2258

National Capital Area TTY: (202) 479-3546

Please have your Member Services number ready.

Language Assistance:

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

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

Confidentiality of Subscriber/ Member Information

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

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are 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 health care 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 policy holders upon enrollment.

Your Rights

You have the following rights regarding your own Protected Health Information. You have the right to:

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- 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:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.

- Participate with practitioners in decision-making regarding their health care.
- Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities.
- Voice complaints or appeals about the health plan or the care provided.

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay copayments or coinsurance at the time of service.
- 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:

- 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.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- 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.

Rights and Responsibilities

Habilitative Services

CareFirst provides coverage for habilitative services to members younger than the age of 19. Coverage is available for the treatment of a child with congenital or genetic birth defect to enhance the child's ability to function. Congenital or genetic birth defect means a defect existing at or from birth, including a hereditary defect, including, but not limited to: autism or an autism spectrum disorder; cerebral palsy; intellectual disability; down syndrome; Spina Bifida; hydroencephalocele; and congenital or genetic development disabilities.

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 that any therapies provided through the school system are not covered by this benefit. 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.

Required Home Visits and 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) 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. In addition, a member who has been in the hospital for at least 48 hours following a Mastectomy is eligible for a home visit if prescribed by the Member's physician. 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:

- A minimum hospital stay of not less than forty-eight (48) hours following a Mastectomy.
- All stages of reconstruction of the breast that underwent the mastectomy.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling).

You and your physician will determine the appropriate plan to treat your condition. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits covered under your health plan. Please refer to your Benefit Guide or Agreement 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:

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

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes:

- A home visit if prescribed by the attending physician.
- The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

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

Attention

If Applicant and/or any dependents meet the criteria below, they may be qualified for health insurance without medical underwriting or a pre-existing condition waiting period.

Applicants and/or dependents must meet ALL of the following criteria:

- Have 18 or more months of creditable coverage with the most recent coverage under a group employer-sponsored plan, governmental plan, church plan, State Children's Health Insurance Plan (S-CHIP), Medicaid, or a health benefit plan offered in conjunction with any of these plans. Certificates of creditable coverage must indicate at least 18-months of aggregate creditable coverage.
- Have elected and exhausted health insurance benefits through a COBRA or similar group, state or federal continuation plan, including the Federal Employee Health Benefits Program (FEHBP), FEHBP Temporary Continuation of Coverage (TCC), or state continuation coverage, if available.
- Have no more than a 63-day break in coverage.
- Not be eligible for Medicare A or B, Medicaid, or any other employer-sponsored plan.
- Not be covered by any other health insurance plan.
- Not have had prior insurance coverage terminated because of the applicant's failure to pay the required premium or fraudulent/intentional misrepresentations made by the applicant.

If you believe that you and/or any of your dependents meet all of the criteria above, you can call the Maryland Health Insurance Plan (MHIP) toll free at **1-888-444-9016** to request product information, rates, and an application for coverage. You can also visit **www.marylandhealthinsuranceplan.state.md.us** for more information.

Experimental/ Investigational Services

CareFirst BlueChoice's definition of Experimental Medical Care also referenced as Experimental and Investigational Services is as follows:

The term "experimental/ investigational" describes services or supplies that are in the developmental stage and are in the process of human or animal testing. Services or supplies that do not meet all (5) of the criteria listed below are deemed to be experimental and investigational:

1. The technology* must have final approval from the appropriate government regulatory bodies; and
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes; and
3. The technology must improve the net health outcome; and
4. The technology must be as beneficial as any established alternatives; and
5. The improvement must be attainable outside the investigational setting.

*** Technology includes drugs, devices, processes, systems or techniques.*



Policy Form Numbers:

MD/CFBC/HBADV/IEA (7/12)
MD/CFBC/DOL APPEAL (R. 9/11)
MD/CFBC/DB/HBADV/DOCS (7/12)
MD/CFBC/DB/HBADV/SOB (7/12)
MD/CFBC/DB/HBADV/RX (7/12)
MD/BC-OOP/VISION (R. 6/04)
MD/CFBC/DB/HB/ELIG (R. 7/12)
MD/CFBC/DB/HBADV/CHILD ELIG (7/12)

Optional Dental Benefit:

MD/BC/DHMO RIDER (7/03)
MD/BC/DHMO SCHBEN 20 CP (R. 10/07)

Preferred Dental Plus:

GHMSI ISPP:
MD GHMSI/DB/ISPP DOCS (10/11),
MD GHMSI/DB/ISPP IEA (10/11),
MD/GHMSI/DB/DENT/ES (10/11),
MD/GHMSI/ISPP/AMEND (2/12)
MD CFMI ISPP:
CFMI/DB/ISPP DOCS (10/11),
CFMI/DB/ISPP IEA (10/11),
MD/CFMI/DB/DENT/ES (2/12),
MD/CFMI/ISPP/AMEND (2/12)

Preferred Dental:

MD/GHMSI/DB/IEA-DENTAL (2/08)
MD/GHMSI/DB/DOCS-DENTAL (2/08)

MD/GHMSI/DB/ES-DENTAL (2/08)
MD/GHMSI/DOL APPEAL (R.6/06)
MD/GHMSI/DOL APPEAL (R. 9/11)
MD/GHMSI/DB/PARTNER (12/08)
MD/CF/DB/DEPENDENT AGE (9/10)
GHMSI-DISCLOSURE 10/11
MD NCA – HEALTH GUARANTY 10/10

Individual Select DHMO:

FORM DN001C (R. 1/10)
FORM DN4001 (R. 1/10)
MD/TDN/DB/DEPENDENT AGE (9/10)
TDN – DISCLOSURE 2/10
TDN – DISCLOSURE 10/11
MD/TDN/DOL APPEAL (R. 9/11)

and any amendments.



840 First Street, NE
Washington, DC 20065
www.carefirst.com

*Benefits provided under the Agreement are not a grandfathered health
benefit plan under the Patient Protection and Affordable Care Act.*

CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. CareFirst BlueCross BlueShield is an independent licensee of the Blue Cross and Blue Shield Association, providing access to the Preferred Provider Organization Network only and does not assume any financial risk or obligation with respect to claims.
®Registered trademark of the Blue Cross and Blue Shield Association. ®Registered trademark of CareFirst of Maryland, Inc.