



*More to feel good about.®'*



# CareFirst BlueChoice HIPAA

*Northern Virginia*



# Welcome

We are pleased to offer you enrollment in our CareFirst BlueChoice Health Maintenance Organization (HMO) plan. Designed for today's health conscious and busy families, CareFirst BlueChoice HIPAA offers one less thing to worry about during your hectic day. As a member you'll receive health care services from a regional network of physicians, specialists and hospitals, and receive a wide range of benefits including preventive care and health education, routine services, outpatient surgery, pediatric care, gynecological care and much more. Take a look at the additional benefits CareFirst BlueChoice HIPAA (offered by CareFirst BlueChoice, Inc.) can offer you and your family.

## CareFirst BlueChoice HIPAA offers you:

- **A preventive care package** at no charge to you to keep you healthy, including well child care, immunizations, annual routine exams, mammograms, PAP tests and prostate screenings.
- **No medical deductible to meet** – start using your benefits right away!
- **Predictable copays** for primary (\$20) and specialist (\$30) office visits.
- **365 days of hospitalization** for one facility copay per admission, then inpatient medical and surgical services are covered in full.
- **Access to a regional network** of over 26,000 participating doctors, specialists and 60 hospitals throughout Maryland, the District of Columbia and Northern Virginia. You can visit doctors where you live and work.
- **Around the clock advice** with a 24-hour per day, 7-day a week health care advice line, staffed by registered nurses.
- **Vision care benefits** and special savings.
- **Optional dental benefits.**
- **Guest Membership** in a local Blue Cross Blue Shield Plan HMO if you or your dependents are away from home at least 90 days. Perfect for extended out-of-town business or travel, semesters at school or families living apart.



# CareFirst BlueChoice HIPAA



In 1996, the Health Insurance Portability and Accountability Act (HIPAA) was signed into law. This ground-breaking health insurance act allows you to maintain insurance coverage when you leave a group insurance plan.

All insurance policyholders are entitled to receive a “certificate of creditable coverage” when leaving one insurance plan for another. This certificate lists the amount of time a policyholder has accumulated in their health insurance plan, and can be used to reduce a pre-existing waiting period (which could be up to 12 months) when signing up for a new group insurance plan.

## How Does HIPAA Affect Me?

HIPAA specifies that under certain situations, those applying for individual (non-group) health insurance coverage for themselves or their family may no longer be required to complete a medical underwriting questionnaire in order to obtain health insurance benefits.

## Applying for Coverage

To enroll in CareFirst BlueChoice HIPAA coverage, you must submit a completed application and Certificate of Creditable Coverage. You and your covered dependents may enroll without a medical examination, waiting period or health evaluation questionnaire if all of the following criteria are met:

- Have 18 or more months of creditable coverage with the most recent coverage under individual health insurance coverage, a group employer-sponsored plan, governmental plan, church plan, State Children’s Health Insurance Plan (S-CHIP) or benefit plan offered in conjunction with any of these plans. Certificates of creditable coverage must indicate at least 18-months of aggregate health insurance 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.

# CareFirst BlueChoice HIPAA

Let CareFirst BlueChoice take care of you with a wide range of benefits – not only when you’re sick or injured, but also when you’re healthy.

## Choose Your Own Doctor

You and your family members can each choose a Primary Care Physician (PCP) from the CareFirst BlueChoice regional network to coordinate all your health care needs. Your PCP oversees your routine and preventive care, administers your prescriptions, becomes familiar with your medical history and works closely with you to help make your medical decisions. When specialized care is needed, your PCP will refer you to a specialist within the CareFirst BlueChoice network.

### How do I choose a PCP?

Refer to the enclosed provider directory or check the CareFirst BlueChoice provider network online at [www.carefirst.com/doctor](http://www.carefirst.com/doctor) for a complete listing.

Your provider network includes PCPs and specialists throughout the state of Maryland, the District of Columbia and Northern Virginia – to make it more convenient to select a doctor near your work, near your home or anywhere in between.

## Our Commitment to Preventive Care

CareFirst BlueChoice HIPAA aims to keep you healthy—emphasizing prevention, early detection and early treatment. That’s one of the main advantages of your coverage. We work with you to help prevent illness. We do this by offering you annual routine examinations and office visits. We encourage you to seek care when it is first needed, rather than waiting.

### Well-Child Care

CareFirst BlueChoice HIPAA wants to start your children on the road to good health with coverage for childhood immunizations and check-ups. We believe in giving your baby a healthy start, and want to encourage parents to take advantage of this most important service.

### Women’s Health / Men’s Health

In addition, CareFirst BlueChoice HIPAA provides women’s health coverage, such as routine mammograms and PAP tests and men’s health coverage, which includes routine prostate screenings. Colorectal cancer screenings are covered for both women and men.

## Emergency Care

Each CareFirst BlueChoice physician has 24-hour coverage with doctors on call so that you are never out of reach of your PCP. Just call your doctor when assistance is needed. If the condition is serious, but not life threatening, your doctor will give you instructions on what to do next. You may be asked to visit the office immediately or to go to the nearest medical center for care.

## Hospitalization

If you receive care through your PCP or a participating specialist to whom you have been referred by your PCP, you are fully covered. We’ll take care of you with hospitalization including all physician charges for covered services, for one facility copay per admission.

## No Hassle Billing

Present your identification card at each office visit, pay your copayment, and you’re all set. You don’t have to fill out any claim forms. And you won’t receive any “balance due” bills as long as you visit doctors in the CareFirst BlueChoice network.

## Discount Drug Program

As a CareFirst BlueChoice HIPAA member, you will receive valuable discounts on prescription drugs at over 59,000 pharmacies nationwide – for free! With this program, members are guaranteed the lowest price available in that pharmacy at the time of purchase. There is no additional cost to you to take advantage of this value-added program.

# CareFirst BlueChoice HIPAA

## Benefits At-a-Glance

| Services                                                                                                                               | You Pay                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>General Information</b>                                                                                                             |                                                                                 |
| Member Deductible                                                                                                                      | \$0                                                                             |
| Out-of-Pocket Maximum                                                                                                                  |                                                                                 |
| Individual                                                                                                                             | \$3,600                                                                         |
| Individual & Child(ren)*/Individual & Adult**                                                                                          | \$7,200                                                                         |
| Family                                                                                                                                 | \$11,000                                                                        |
| <b>Lifetime Maximum</b>                                                                                                                | No lifetime maximum                                                             |
| <b>Preventive Services and Office Visits</b>                                                                                           |                                                                                 |
| Well-Child – Exams & Immunizations (up through age 17)                                                                                 | No charge                                                                       |
| Adult Routine Preventive Health                                                                                                        | No charge                                                                       |
| Routine Gynecological Visits                                                                                                           | No charge                                                                       |
| Prostate Screening Visits                                                                                                              | No charge                                                                       |
| Colorectal Cancer Screening Test                                                                                                       | No charge                                                                       |
| Mammography Screenings                                                                                                                 | No charge                                                                       |
| Allergy Testing and Treatment                                                                                                          | \$20 PCP/\$30 Specialist                                                        |
| Annual Routine Eye Exam at participating Davis Vision provider (optometrists and ophthalmologist)                                      | \$10 at a plan designated vision care center<br>\$30 in a plan providers office |
| Hearing Screening                                                                                                                      | \$20 PCP/\$30 Specialist                                                        |
| <b>Outpatient Medical and Surgical Services</b>                                                                                        |                                                                                 |
| Physician Office Visit for Illness                                                                                                     | \$20 PCP/\$30 Specialist                                                        |
| Rehabilitative Services (Physical, Occupational and Speech Therapy; each limited to 30 visits per illness or injury per calendar year) | \$20 PCP/\$30 Specialist                                                        |
| Surgical Services - Professional                                                                                                       | \$20 PCP/\$30 Specialist                                                        |
| Surgical Services - Hospital or Other Facility                                                                                         | \$50 facility copayment plus<br>\$20 PCP/\$30 Specialist copayment              |
| Diagnostic Procedures                                                                                                                  | \$20 PCP/\$30 Specialist                                                        |
| X-Rays and Lab Tests at Plan Facilities                                                                                                | No charge                                                                       |
| <b>Inpatient Hospital Services</b>                                                                                                     |                                                                                 |
| 365 Days Room and Board (Semi-Private Room)                                                                                            | \$700 facility copay per admission                                              |
| Medical and Surgical Services                                                                                                          | No charge                                                                       |
| Prescription Drugs (Inpatient)                                                                                                         | No charge                                                                       |
| <b>Maternity Services</b>                                                                                                              |                                                                                 |
| Prenatal and Postnatal Care                                                                                                            |                                                                                 |
| PCP                                                                                                                                    | \$20 per visit (up to \$200 per pregnancy)                                      |
| Specialist                                                                                                                             | \$30 per visit (up to \$300 per pregnancy)                                      |
| Hospital Facility                                                                                                                      | \$700 facility copay per admission                                              |
| Birthing Center                                                                                                                        | \$30 per visit                                                                  |
| Nursery Care (for newborns)                                                                                                            | No charge                                                                       |
| <b>Emergency or Urgent Care</b>                                                                                                        |                                                                                 |
| Ambulance (when medically necessary)                                                                                                   | No charge                                                                       |
| Plan-Affiliated Urgent Care Facility                                                                                                   | \$30                                                                            |
| Hospital Emergency Room or Non-Plan Urgent Care Facility (waived if Admitted)                                                          | \$50                                                                            |

\* "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.

# Dental and Vision

## Dental (Optional)

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

**Individual Select Dental HMO** offers you dental care with predictable copayments for routine and major dental services such as:

- Preventive dental care
- Surgical extractions
- Root canal therapy
- 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 your dental care needs. When specialized care is needed, your general dentist will recommend a specialist within the Dental HMO network.

We also offer the **Individual Select Preferred** dental plan, which offers a larger dental network and additional in-network savings for major procedures.

If you have questions regarding dental coverage or wish to inquire about participating providers, or to learn about other dental options please contact a Product Specialist at (800) 544-8703.

## 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 provider, contact Davis Vision at (800) 783-5602 or visit [www.carefirst.com/doctor](http://www.carefirst.com/doctor).



\*An independent company that does not provide CareFirst BlueCross BlueShield products or services. The company is solely responsible for its products or services mentioned herein.



## Taking Control of Your Health

As a CareFirst BlueChoice HIPAA member you are encouraged to take advantage of the *CareEssentials* 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 *CareEssentials*.

### Options / Blue365 Discount Programs

As a member, 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](http://www.carefirst.com/options) to learn more.

### Nurse Line

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.

### Away From Home Care

You and your family have access to routine and urgent care when you're away from home for 90 consecutive days or more. Whether you're out of town on extended business, travel or attending school out of the area, you'll have ongoing access to the care you need.

### My Care First Website

Take an active role in managing your health and visit My Care First at [www.carefirst.com/mycarefirst](http://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.



Health and wellness programs and resources help you and your family live a healthy life.



### 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](http://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.

### Health Assessment

Start by taking our Health Assessment, a confidential survey on your lifestyle choices that includes topics like nutrition, physical activity and tobacco use. You can also record your health measurements, including blood pressure, cholesterol, blood sugar and body mass index.

After completing the Health Assessment, you will receive a personalized health report on your current health status. The report will identify health risk factors and discuss the likelihood of developing chronic conditions like heart disease, high blood pressure and diabetes. The purpose of the Health Assessment is to give you the information and tools you need to make positive lifestyle choices and improve your quality of life.

To access the Health Assessment, go to [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) and enter your user name and password. Click on Health Assessment and Coaching; then click on Assessments on the left side of the page.

### 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.

### 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

Once you complete your health risk assessment, you'll receive an email with details on accessing online health coaching programs.

### Telephonic Health Coaching

Depending on the results of your Health Assessment, a health coach may call you. 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 personal health action plan with milestones for achieving goals. Your coach will monitor your progress and provide guidance and support as needed.

# Apply Today for CareFirst BlueChoice HIPAA

## Three ways to apply!

Applying for CareFirst BlueChoice HIPAA couldn't be easier. To be eligible each family member applying must be a resident of Northern Virginia and complete a medical questionnaire. This area includes the cities of Alexandria and Fairfax, the town of Vienna, Arlington County and the areas of Fairfax and Prince William counties in Virginia lying east of Route 123.

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



If you have questions, please call our Product Specialists at (410) 356-8000 or toll free at (800) 544-8703, Monday-Friday 8 a.m. – 5 p.m. Or, visit the CareFirst website at [www.carefirst.com/individual](http://www.carefirst.com/individual).

## Steps to apply.

### 1. Locate the application form in this packet or apply online at [www.carefirst.com/individual](http://www.carefirst.com/individual).

Be sure to answer all questions accurately and completely, and don't forget to sign your application.

- Certificates of creditable coverage must accompany the application for each HIPAA-eligible individual.
  - You must request the certificate from your former employer.

### 2. Choose a coverage type.

Select from:

- 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. Select a PCP.

Select a Primary Care Physician for each family member and write the doctor's name and ID number on your application.

### 4. Review the plan benefits and premiums.

The enclosed rate chart, which indicates coverage type and age, shows your monthly premium.

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.

# 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. CareFirst 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, 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 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 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 employees, brokers, benefit plan administrators, consultants, business partners, providers and agents who need to know this information to conduct CareFirst 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 are subject to strict confidentiality laws. Affiliated entities are companies that are a part of the CareFirst 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 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.

### **Changes in Our Privacy Policy**

CareFirst 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 customer, our privacy policy will continue to apply to your records. You can always review our current privacy policy online at [www.carefirst.com](http://www.carefirst.com).

# CareFirst BlueChoice HIPAA Exclusions

## 10.1 General Exclusions

Coverage is not provided for the following:

- A. Any service, test, procedure, supply, or item which CareFirst determines not necessary for the prevention, diagnosis or treatment of the Member's illness, injury, or condition. Although a service may be listed as covered, benefits will be provided only if it is Medically Necessary and appropriate in the Member's particular case.
- B. Any treatment, procedure, facility, equipment, drug, drug usage, device, or supply which, in the judgment of CareFirst, is Experimental/ Investigational, or not in accordance with accepted medical or psychiatric practices and standards in effect at the time of treatment, except for covered benefits for Clinical Trials.
- C. The cost of services that are furnished without charge or are normally furnished without charge if a Member was not covered under the Agreement or under any health insurance, or any charge or any portion of a charge which by law the provider is not permitted to bill or collect from the Member directly.
- D. Any service, supply, or procedure that is not specifically listed in the Member's Agreement as a covered benefit or that does not meet all other conditions and criteria for coverage as determined by CareFirst.
- E. Services that are beyond the scope of the license of the provider performing the service.
- F. Routine foot care, including services related to hygiene or any services in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, symptomatic complaints of the feet, or partial removal of a nail without the removal of its matrix. However, benefits will be provided for these services if CareFirst determines that medical attention was needed because of a medical condition affecting the feet, such as diabetes and, that all other conditions for coverage have been met.
- G. Any type of dental care (except treatment of accidental injuries, oral surgery, and cleft lip, cleft palate, or ectodermal dysplasia, as described in this Agreement) including extractions, treatment of cavities, care of the gums or bones supporting the teeth, treatment of periodontal abscess, removal of impacted teeth, orthodontia, false teeth, or any other dental services or supplies, unless provided in a separate rider or amendment to this Agreement. Benefits for oral surgery are in the Outpatient and Office Services Section of this Agreement. All other procedures involving the teeth or areas surrounding the teeth, including shortening of the mandible or maxillae for Cosmetic purposes or for correction of malocclusion unrelated to a functional impairment are excluded.
- H. Cosmetic surgery (except benefits for Reconstructive Breast Surgery or reconstructive surgery) or other services primarily intended to correct, change, or improve appearances. Cosmetic means a service or supply which is provided with the primary intent of improving appearances and not for the purpose of restoring bodily function or correcting deformity resulting from disease, trauma, or previous therapeutic intervention as determined by CareFirst.
- I. Treatment rendered by a Health Care Provider who is the Member's Spouse, parent, child, grandparent, grandchild, sister, brother, great grandparent, great grandchild, aunt, uncle, niece, or nephew or resides in the Member's home.
- J. Any prescription drugs, unless administered to the Member in the course of covered outpatient or inpatient treatment or unless the prescription drug is specifically identified as covered. Take-home prescriptions or medications, including self-administered injections which can be administered by the patient or by an average individual who does not have medical training, or medications which do not medically require administration by or under the direction of a physician are not covered, even though they may be dispensed or administered in a physician or provider office or facility, unless the take-home prescription or medication is specifically identified as covered. Benefits for prescription drugs may be available through a rider or amendment purchased by the Group and attached to the Agreement.
- K. All non-prescription drugs, medications, biologicals, and Over-the-Counter disposable supplies routinely obtained and self-administered by the Member, except for the CareFirst benefits described in this Agreement for diabetic supplies.
- L. Food and formula consumed as a sole source or supplemental nutrition, except as listed as a Covered Service in the Agreement.
- M. Any procedure or treatment designed to alter an individual's physical characteristics to those of the opposite sex.
- N. Treatment of sexual dysfunctions or inadequacies including, but not limited to, surgical implants for impotence, medical therapy, and psychiatric treatment.
- O. Fees and charges relating to fitness programs, weight loss or weight control programs, physical, pulmonary conditioning programs or other programs involving such aspects as exercise, physical conditioning, use of passive or patient-activated exercise equipment or facilities and self-care or self-help training or education, except for diabetes outpatient self-management training and educational services. Cardiac rehabilitation programs are covered as described in this Agreement.
- P. Medical and surgical treatment for obesity and weight reduction, except in the instance of Morbid Obesity.
- Q. Medical or surgical treatment of myopia or hyperopia, including radial keratotomy and other forms of refractive keratoplasty or any complications thereof. Benefits for vision may be available through a rider or amendment purchased by the Group and attached to the Agreement.
- R. Services based solely on a court order or as a condition of parole or probation, unless approved by CareFirst.
- S. Health education classes and self-help programs, other than birthing classes or those for the treatment of diabetes.
- T. Acupuncture services, except when approved or authorized by CareFirst when used for anesthesia.
- U. Any service related to recreational activities. This includes, but is not limited to, sports, games, equestrian, and athletic training. These services are not covered unless authorized or approved by CareFirst even though they may have therapeutic value or be provided by a Health Care Practitioner.
- V. Any service received at no charge to the Member in any federal hospital or facility, or through any federal, state, or local governmental agency or department, not including Medicaid. (This exclusion does not apply to care received in a Veteran's hospital or facility unless that care is rendered for a condition that is a result of the Member's military service.)
- W. Private Duty Nursing.
- X. Non-medical services, including but not limited to:
  - 1. Telephone consultations, failure to keep a scheduled visit, completion of forms, copying charges, or other administrative services provided by the Health Care Practitioner or the Health Care Practitioner's staff.
  - 2. Administrative fees charged by a physician or medical practice to a Member to retain the physician's or medical practices services, e.g., "concierge fees" or boutique medical practice membership fees. Benefits under this Agreement are available for Covered Services rendered to the Member by a Health Care Provider.
- Y. Speech Therapy, Occupational Therapy, or Physical Therapy, unless CareFirst determines that the condition is subject to improvement. Coverage does not include non-medical Ancillary Services such as vocational rehabilitation, employment counseling, or educational therapy.
- Z. Services or supplies for injuries or diseases related to a covered person's job to the extent the covered person is required to be covered by a workers compensation law.
- AA. Services or supplies resulting from accidental bodily injuries arising

# CareFirst BlueChoice HIPAA Exclusions

out of a motor vehicle accident to the extent the services are payable under a medical expense payment provision of an automobile insurance policy, excluding no fault insurance.

- BB. Travel (except for Medically Necessary air transportation and ground ambulance, as determined by CareFirst, and services listed under the Transplants Section of this Description of Covered Services), whether or not recommended by an Eligible Provider.
- CC. Services or supplies received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar persons or groups.
- DD. Contraceptive drugs or devices, unless specifically identified as covered in this Agreement, or in a rider or amendment to this Agreement.
- EE. Any illness or injury caused by war (a conflict between nation states), declared or undeclared, including armed aggression.
- FF. Services, drugs, or supplies the Member receives without charge while in active military service.
- GG. Habilitative Services delivered through early intervention and school services.
- HH. Custodial Care.
- II. Coverage does not include non-medical Ancillary Services, such as vocational rehabilitation, employment counseling, or educational therapy.
- JJ. Services or supplies received before the effective date of the Member's coverage under this Agreement.
- KK. Durable Medical Equipment or Supplies associated or used in conjunction with non-covered items or services.
- LL. Services required solely for employment, insurance, foreign travel, school, camp admissions or participation in sports activities.
- MM. Work Hardening Programs. Work Hardening Program means a highly specialized rehabilitation programs designed to simulate workplace activities and surroundings in a monitored environment with the goal of conditioning the participant for a return to work.
- NN. Elective abortions.

## 10.2 Infertility Services

Benefits will not be provided for any assisted reproductive technologies including artificial insemination, as well as in vitro fertilization, gamete intra-fallopian tube transfer, zygote intra-fallopian transfer cryogenic preservation or storage of eggs and embryo and related evaluative procedures, drugs, diagnostic services and medical preparations related to the same.

## 10.3 Transplants

Benefits will not be provided for the following:

- A. Non-human organs and their implantation. This exclusion will not be used to deny Medically Necessary non-Experimental/Investigational skin grafts.
- B. Any hospital or professional charges related to any accidental injury or medical condition for the donor of the transplant material.
- C. Any charges related to transportation, lodging, and meals unless authorized or approved by CareFirst.
- D. Services for a Member who is an organ donor when the recipient is not a Member.
- E. Benefits will not be provided for donor search services.
- F. Any service, supply, or device related to a transplant that is not listed as a benefit in the Description of Covered Services.

## 10.4 Inpatient Hospital Services

Coverage is not provided (or benefits are reduced, if applicable) for the following:

- A. Private room, unless Medically Necessary and/or authorized or approved by CareFirst. If a private room is not authorized or approved, the difference between the charge for the private room and the charge

for a semiprivate room will not be covered.

- B. Non-medical items and convenience items, such as television and phone rentals, guest trays, and laundry charges.
- C. Except for covered Emergency Services and Maternity Care, a hospital admission or any portion of a hospital admission (other than Medically Necessary Ancillary Services) that had not been approved by CareFirst, whether or not services are Medically Necessary and/or meet all other conditions for coverage.
- D. Private Duty Nursing.

## 10.5 Home Health Services

Coverage is not provided for:

- A. Private Duty Nursing.
- B. Custodial Care.

## 10.6 Hospice Services

Benefits will not be provided for the following:

- A. Services, visits, medical equipment, or supplies not authorized by CareFirst.
- B. Financial and legal counseling.
- C. Any services for which a Qualified Hospice Program does not customarily charge the patient or his or her family.
- D. Reimbursement for volunteer services.
- E. Chemotherapy or radiation therapy, unless used for symptom control.
- F. Services, visits, medical equipment, or supplies that are not required to maintain the comfort and manage the pain of the terminally ill Member.
- G. Custodial Care, domestic, or housekeeping services.

## 10.7 Medical Devices and Supplies

Benefits will not be provided for purchase, rental, or repair of the following:

- A. Convenience items. Equipment that basically serves comfort or convenience functions or is primarily for the convenience of a person caring for a Member (e.g., an exercycle or other physical fitness equipment, elevators, hoist lifts, shower/bath bench).
- B. Furniture items, movable objects or accessories that serve as a place upon which to rest (people or things) or in which things are placed or stored (e.g., chair or dresser).
- C. Exercise equipment. Any device or object that serves as a means for energetic physical action or exertion in order to train, strengthen or condition all or part of the human body, (e.g., exercycle or other physical fitness equipment).
- D. Institutional equipment. Any device or appliance that is appropriate for use in a medical facility and is not appropriate for use in the home (e.g., parallel bars).
- E. Environmental control equipment. Equipment that can be used for non-medical purposes, such as air conditioners, humidifiers, or electric air cleaners. These items are not covered even though they may be prescribed, in the individual's case, for a medical reason.
- F. Eyeglasses or contact lenses (except when used as a prosthetic lens replacement for aphakic patients as in this Agreement), dental prostheses or appliances (except for Medically Necessary treatment of Temporomandibular Joint Syndrome (TMJ)), or hearing aids.
- G. Corrective shoes (unless required to be attached to a leg brace), shoe lifts, or special shoe accessories.
- H. Medical equipment/supplies of an expendable nature, except as specifically listed as a Covered Medical Supply in this Agreement. Non-covered supplies include incontinence pads or ace bandages.



Form Numbers:

VA/CC/GC EOC (8/01); VA/CC/GC Schedule (8/01) and any amendments.



840 First Street, NE  
Washington, DC 20065  
[www.carefirst.com](http://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.  
® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.