



Consumer Health Insurance Plans 2016

For people who buy their own insurance

DISTRICT OF COLUMBIA

District of Columbia Consumer Health Benefits 2016

		BRONZE				SILVER				GOLD				PLATINUM		CATASTROPHIC	
District of Columbia CareFirst Plans		BlueChoice HMO Standard Bronze \$4,500	BluePreferred PPO Standard Bronze \$4,500	BlueChoice HMO HSA Bronze \$6,000	BlueChoice HMO HSA Bronze \$6,550	BlueChoice HMO HSA Silver \$1,350	Blue Cross Blue Shield Preferred 1600, a Multi-State Plan	BlueChoice HMO Standard Silver \$2,000	BluePreferred PPO Standard Silver \$2,000	BlueChoice HMO Standard Gold \$500	BluePreferred PPO Standard Gold \$500	Blue Cross Blue Shield Preferred 750, a Multi-State Plan	HealthyBlue HMO Gold \$1,000	BlueChoice HMO Standard Platinum \$0	BluePreferred PPO Standard Platinum \$0	BlueChoice HMO Young Adult \$6,850	
Plan Type		HMO¹	PPO²	HMO¹	HMO¹	HMO¹	PPO²	HMO¹	PPO²	HMO¹	PPO²	PPO²	HMO¹	HMO¹	PPO²	HMO¹	
Visit www.carefirst.com/doctor to view participating doctors and facilities—search by plan:		BlueChoice HMO	BluePreferred	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BluePreferred	BlueChoice HMO	BluePreferred	BlueChoice HMO	BluePreferred	BluePreferred	HealthyBlue HMO	BlueChoice HMO	BluePreferred	BlueChoice Young Adult	
Rewards		Earn \$150 per adult and up to a \$400 maximum per family toward your premium or medical expenses. Visit www.carefirst.com/bluerewards for more information.															
DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	
1	Deductible³	Individual: \$4,500 Family: \$9,000	Individual: \$4,500 Family: \$9,000	Individual: \$6,000 Family: \$12,000	Individual: \$6,550 Family: \$13,100	Individual: \$1,350 Family: \$2,700	Individual: \$1,600 Family: \$3,200	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000	Individual: \$500 Family: \$1,000	Individual: \$500 Family: \$1,000	Individual: \$750 Family: \$1,500	Individual: \$1,000 Family: \$2,000	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	Individual: \$6,850 Family: \$13,700	
2	Out-of-Pocket Maximum⁴	Individual: \$6,850 Family: \$13,700	Individual: \$6,850 Family: \$13,700	Individual: \$6,000 Family: \$12,000	Individual: \$6,550 Family: \$13,100	Individual: \$6,550 Family: \$13,100	Individual: \$6,550 Family: \$13,100	Individual: \$6,250 Family: \$12,500	Individual: \$6,250 Family: \$12,500	Individual: \$3,500 Family: \$7,000	Individual: \$3,500 Family: \$7,000	Individual: \$4,000 Family: \$8,000	Individual: \$4,500 Family: \$9,000	Individual:\$2,000 Family: \$4,000	Individual:\$2,000 Family: \$4,000	Individual: \$6,850 Family: \$13,700	
PREVENTIVE SERVICES																	
3	Preventive Care (e.g. adult physical, well-child care, cancer screenings)	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	
PRIMARY CARE AND SPECIALIST SERVICES 																	
4	Primary Care Provider (PCP) Visits—Office/Non-Hospital (non-preventive)	\$50 copay, no deductible	\$50 copay, no deductible	No charge after deductible	No charge after deductible	\$30 copay after deductible	\$30 copay after deductible	\$25 copay, no deductible	\$25 copay, no deductible	\$25 copay, no deductible	\$25 copay, no deductible	No charge, no deductible	No charge, no deductible	\$20 copay	\$20 copay	Visits 1–3: No charge, no deductible Visits 4+: No charge after deductible	
5	Specialist Visits—Office/Non-Hospital	\$50 copay, no deductible	\$50 copay, no deductible	No charge after deductible	No charge after deductible	\$40 copay after deductible	\$40 copay after deductible	\$50 copay, no deductible	\$50 copay, no deductible	\$50 copay, no deductible	\$50 copay, no deductible	\$30 copay, no deductible	\$30 copay, no deductible	\$40 copay	\$40 copay	No charge after deductible	
6	HOSPITAL CHARGE—Add this charge if your primary care or specialist visit takes place in a hospital setting	20% coinsurance after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible	\$100 copay after deductible	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	\$75 copay, no deductible	\$75 copay, no deductible	\$75 copay after deductible	\$75 copay after deductible	\$75 copay	\$75 copay	No charge after deductible	
RETAIL CLINICS, URGENT AND EMERGENCY SERVICES 																	
7	Convenience Care/Retail Health Clinics (e.g. CVS MinuteClinic, Rite Aid RediClinic)	\$50 copay, no deductible	\$50 copay, no deductible	No charge after deductible	No charge after deductible	\$30 copay after deductible	\$30 copay after deductible	\$25 copay, no deductible	\$25 copay, no deductible	\$25 copay, no deductible	\$25 copay, no deductible	No charge, no deductible	No charge, no deductible	\$20 copay	\$20 copay	No charge after deductible	
8	Urgent Care Center (e.g. Patient First, ExpressCare)	\$50 copay, no deductible	\$50 copay, no deductible	No charge after deductible	No charge after deductible	\$60 copay after deductible	\$60 copay after deductible	\$90 copay, no deductible	\$90 copay, no deductible	\$60 copay, no deductible	\$60 copay, no deductible	\$50 copay, no deductible	\$50 copay, no deductible	\$40 copay	\$40 copay	No charge after deductible	
9	Emergency Room (hospital charge—copays are waived if you are admitted)	20% coinsurance after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible	\$300 copay after deductible	30% coinsurance after deductible	\$250 copay after deductible	\$250 copay after deductible	\$250 copay, no deductible	\$250 copay, no deductible	\$300 copay after deductible	\$300 copay after deductible	\$150 copay	\$150 copay	No charge after deductible	
DIAGNOSTIC SERVICES																	
10	Labs⁵	Office/Non-Hospital	\$50 copay after deductible (LabCorp only)	\$50 copay after deductible	No charge after deductible (LabCorp only)	No charge after deductible (LabCorp only)	\$25 copay after deductible (LabCorp only)	\$25 copay after deductible	\$45 copay, no deductible (LabCorp only)	\$45 copay, no deductible	\$30 copay, no deductible (LabCorp only)	\$30 copay, no deductible	No charge, no deductible	\$15 copay, no deductible (LabCorp only)	\$20 copay (LabCorp Only)	\$20 copay	No charge after deductible (LabCorp only)
11		Outpatient Hospital	\$50 copay after deductible¹¹	\$50 copay after deductible	No charge after deductible¹¹	No charge after deductible¹¹	\$90 copay after deductible¹¹	30% coinsurance after deductible	\$45 copay, no deductible¹¹	\$45 copay, no deductible	\$30 copay, no deductible¹¹	\$30 copay, no deductible	\$60 copay after deductible	\$60 copay after deductible¹¹	\$20 copay¹¹	\$20 copay	No charge after deductible¹¹
12	X-rays⁵	Office/Non-Hospital	\$50 copay after deductible	\$50 copay after deductible	No charge after deductible	No charge after deductible	\$55 copay after deductible	\$55 copay after deductible	\$65 copay, no deductible	\$65 copay, no deductible	\$50 copay, no deductible	\$50 copay, no deductible	No charge, no deductible	\$65 copay, no deductible	\$40 copay	\$40 copay	No charge after deductible
13		Outpatient Hospital	\$50 copay after deductible¹¹	\$50 copay after deductible	No charge after deductible¹¹	No charge after deductible¹¹	\$130 copay after deductible¹¹	30% coinsurance after deductible	\$65 copay, no deductible¹¹	\$65 copay, no deductible	\$50 copay, no deductible¹¹	\$50 copay, no deductible	\$100 copay after deductible	\$100 copay after deductible¹¹	\$40 copay¹¹	\$40 copay	No charge after deductible¹¹
14	Imaging (e.g. MRI, Cat Scan, CT Scan)	Office/Non-Hospital	\$500 copay after deductible	\$500 copay after deductible	No charge after deductible	No charge after deductible	\$250 copay after deductible	\$250 copay after deductible	\$250 copay, no deductible	\$250 copay, no deductible	\$250 copay, no deductible	\$250 copay, no deductible	\$250 copay, no deductible	\$150 copay	\$150 copay	No charge after deductible	
15		Outpatient Hospital	\$500 copay after deductible¹¹	\$500 copay after deductible	No charge after deductible¹¹	No charge after deductible¹¹	\$500 copay after deductible¹¹	30% coinsurance after deductible	\$250 copay, no deductible¹¹	\$250 copay, no deductible	\$250 copay, no deductible¹¹	\$250 copay, no deductible	\$350 copay after deductible	\$350 copay after deductible¹¹	\$150 copay¹¹	\$150 copay	No charge after deductible¹¹
OUTPATIENT SURGERY (Members are responsible for both facility and physician charges)																	
16	Outpatient Surgery (facility charge)	Non-Hospital / Surgical Center	20% coinsurance after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible	\$300 copay after deductible	\$300 copay after deductible	20% coinsurance after deductible	20% coinsurance after deductible	\$600 copay, no deductible	\$600 copay, no deductible	\$300 copay, no deductible	\$300 copay, no deductible	\$250 copay	\$250 copay	No charge after deductible
17		Hospital	20% coinsurance after deductible¹¹	20% coinsurance after deductible	No charge after deductible¹¹	No charge after deductible¹¹	\$450 copay after deductible¹¹	30% coinsurance after deductible	20% coinsurance after deductible¹¹	20% coinsurance after deductible	\$600 copay, no deductible¹¹	\$600 copay, no deductible	\$400 copay after deductible	\$400 copay after deductible¹¹	\$250 copay¹¹	\$250 copay	No charge after deductible¹¹
18	Outpatient Surgery (physician charge)	Non-Hospital / Surgical Center	20% coinsurance after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible	\$40 copay after deductible	\$40 copay after deductible	20% coinsurance after deductible	20% coinsurance after deductible	No separate physician charge; combined with the facility charge	No separate physician charge; combined with the facility charge	\$30 copay, no deductible	\$30 copay, no deductible	No separate physician charge; combined with the facility charge	No separate physician charge; combined with the facility charge	No charge after deductible
19		Hospital	20% coinsurance after deductible¹¹	20% coinsurance after deductible	No charge after deductible¹¹	No charge after deductible¹¹	\$40 copay after deductible¹¹	\$40 copay after deductible	20% coinsurance after deductible¹¹	20% coinsurance after deductible	No separate physician charge; combined with the facility charge	No separate physician charge; combined with the facility charge	\$30 copay after deductible	\$30 copay after deductible¹¹	No separate physician charge; combined with the facility charge	No separate physician charge; combined with the facility charge	No charge after deductible¹¹
INPATIENT HOSPITAL SERVICES (including all inpatient surgery, labor & delivery, mental health related visits (Members are responsible for both hospital and physician charges))																	
20	Inpatient Services (physician charge)	20% coinsurance after deductible	20% coinsurance after deductible	No charge after deductible	No charge after deductible	\$40 copay after deductible	\$40 copay after deductible	20% coinsurance after deductible	20% coinsurance after deductible	No separate physician charge; combined with the facility charge	No separate physician charge; combined with the facility charge	\$30 copay after deductible	\$30 copay after deductible	No separate physician charge; combined with the facility charge	No separate physician charge; combined with the facility charge	No charge after deductible	
21	Inpatient Services (hospital charge)	20% coinsurance after deductible¹¹	20% coinsurance after deductible	No charge after deductible¹¹	No charge after deductible¹¹	\$500 copay/day after deductible (up to a copay maximum of \$2,500)¹¹	30% coinsurance after deductible	20% coinsurance after deductible¹¹	20% coinsurance after deductible	\$600 copay/day after deductible (up to a copay maximum of \$3,000)¹¹	\$600 copay/day after deductible (up to a copay maximum of \$3,000)	\$450 copay/day after deductible (up to a copay maximum of \$2,250)	\$450 copay/day after deductible (up to a copay maximum of \$2,250)¹¹	\$250 copay/day (up to a copay maximum of \$1,250)¹¹	\$250 copay/day (up to a copay maximum of \$1,250)	No charge after deductible¹¹	
MATERNITY OFFICE VISITS⁶																	
22	Preventive Prenatal & Postnatal Office Visits	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	
MENTAL HEALTH & SUBSTANCE ABUSE⁷																	
23	Office Visits	\$50 copay, no deductible	\$50 copay, no deductible	No charge after deductible	No charge after deductible	\$30 copay after deductible	\$30 copay after deductible	\$25 copay, no deductible	\$25 copay, no deductible	\$25 copay, no deductible	\$25 copay, no deductible	No charge, no deductible	No charge, no deductible	\$20 copay	\$20 copay	Visits 1–3: No charge, no deductible Visits 4+: No charge after deductible	
PRESCRIPTION DRUGS⁸ 																	
24	Prescription Drug Deductible	\$250 per person (Tiers 2–4)	\$250 per person (Tiers 2–4)	No separate drug deductible; Must meet medical deductible first	No separate drug deductible; Must meet medical deductible first	No separate drug deductible; Must meet medical deductible first	No separate drug deductible; Must meet medical deductible first	\$250 per person (Tiers 2–4)	\$250 per person (Tiers 2–4)	No drug deductible	No drug deductible	\$250 per person (Tier 2–4)	\$150 per person (Tiers 2–4)	No drug deductible	No drug deductible	No separate drug deductible; Must meet medical deductible first	
25	Generic Drugs (Tier 1)	\$25 copay, no deductible	\$25 copay, no deductible	No charge after deductible	No charge after deductible	\$10 copay after deductible	\$10 copay after deductible	\$15 copay, no deductible	\$15 copay, no deductible	\$15 copay, no deductible	\$15 copay, no deductible	No charge, no deductible	No charge, no deductible	\$5 copay	\$5 copay	No charge after deductible	
26	Preferred Brand Drugs (Tier 2)⁹	50% coinsurance after deductible	50% coinsurance after deductible			\$75 copay after deductible	\$50 copay after deductible	\$50 copay after deductible	\$50 copay after deductible	\$50 copay, no deductible	\$50 copay, no deductible	\$50 copay after deductible	\$50 copay after deductible	\$15 copay	\$15 copay		
27	Non-Preferred Brand Drugs (Tier 3)¹⁰	50% coinsurance after deductible	50% coinsurance after deductible			\$150 copay after deductible	\$70 copay after deductible	\$70 copay after deductible	\$70 copay after deductible	\$70 copay, no deductible	\$70 copay, no deductible	\$70 copay after deductible	\$70 copay after deductible	\$25 copay	\$25 copay		
28	Specialty Drugs (Tier 4)	50% coinsurance after deductible	50% coinsurance after deductible			\$150 copay after deductible	\$150 copay after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance, no deductible	20% coinsurance, no deductible	\$150 copay after deductible	\$150 copay after deductible	\$100 copay	\$100 copay		
OUT-OF-NETWORK 		Out-of-Network				Out-of-Network				Out-of-Network				Out-of-Network			
29	Deductible	N/A	Individual: \$9,000 Family: \$18,000	N/A	N/A	N/A	Individual: \$3,200 Family: \$6,400	N/A	Individual: \$4,000 Family: \$8,000	N/A	Individual: \$1,000 Family: \$2,000	Individual: \$1,500 Family: \$3,000	N/A	N/A	Individual: \$1,000 Family: \$2,000	N/A	
30	Out-of-Pocket Maximum	N/A	Individual: \$13,700 Family: \$27,400	N/A	N/A	N/A	Individual: \$9,000 Family: \$18,000	N/A	Individual: \$12,500 Family: \$25,000	N/A	Individual: \$7,000 Family: \$14,000	Individual: \$8,000 Family: \$16,000	N/A	N/A	Individual: \$4,000 Family: \$8,000	N/A	

Know before you go: Your health, your money, your decision



PCP visits: In most cases, the lowest copays and the best option for consistent, quality care.



Caution: Services on a hospital campus may incur a separate hospital charge.



Retail health clinics: Low copays and after-hours care for minor health concerns.



Caution—Emergency room: Highest out-of-pocket costs; explore other options for non-emergency care.



Generic drugs: Always your lowest cost option; some are no charge and no deductible.



Caution: For the lowest cost, always visit doctors who are in-network.

Note: When multiple services are rendered on the same day by more than one provider, member payments are required for each provider.

¹ Health Maintenance Organization (HMO) plans underwritten by CareFirst BlueChoice, Inc.

² Preferred Provider Organization (PPO) plans underwritten by Group Hospitalization and Medical Services, Inc.

³ For family coverage only – For BlueChoice HMO HSA Silver \$1,350 and Blue Cross Blue Shield Preferred 1600, a Multi-State Plan: The family deductible must be met before full benefits will be available to any member on the policy. Once the family deductible has been met, full benefits will become available to everyone covered. All other plans: If one member on the policy meets the individual deductible, full benefits will begin for that member. That member will not be able to contribute more than the individual deductible amount towards the family deductible. Once the family deductible has been met, full benefits will be available to all members on the policy.

⁴ For family coverage only – When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the allowed benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the allowed benefit.

⁵ For HMO plans: For in-network benefits, members must use LabCorp for laboratory services and freestanding facilities for diagnostic services and X-rays.

⁶ For non-routine obstetrical care or complications of pregnancy, cost-sharing may apply.

⁷ For HMO plans: To receive in-network coverage, mental health and substance abuse coverage must be performed by Magellan behavioral health providers.

⁸ All out-of-pocket drug costs contribute to the in-network out-of-pocket maximum.

⁹ If a generic drug becomes available for a preferred brand drug, the preferred brand drug moves to the non-preferred brand drug tier.

¹⁰ If a provider prescribes a non-preferred brand drug and the member selects the non-preferred brand drug when a generic drug is available, the member shall pay the applicable copayment or coinsurance as stated above plus the difference between the price of the non-preferred brand drug and the generic drug up to the cost of the drug. This amount will not contribute to the in-network out-of-pocket maximum.

¹¹ Prior authorization required.

To view participating pharmacies and find out how drugs are covered (e.g. generic vs. non-preferred brand) please visit www.carefirst.com/acarx. Please note there are coverage limitations for using non-participating pharmacies.

See a summary of any plan and a glossary of common health insurance terms by visiting www.carefirst.com/individual. Just enter your zip code, gender and date of birth to view and compare plans. Look for the Summary of Benefits & Coverage and Uniform Glossary of Coverage & Medical Terms links for each plan by clicking on the plan name and scrolling to the bottom of the box. **Questions?** Ask your broker or call one of our product specialists at 410-356-8000 or toll-free at 800-544-8703 Monday–Friday, 8 a.m.–6 p.m. and Saturday, 8 a.m.–noon.

2016 D.C. POLICY FORM NUMBERS

BlueChoice HMO HSA Bronze \$6,000

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO HSA/BRZ 6000 (1/16)

BlueChoice HMO HSA Bronze \$6,550

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO HSA/BRZ 6550 (1/16)

BlueChoice HMO HSA Silver \$1,350 (Base Plan)

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO HSA/SIL 1350 (1/16)

BlueChoice HMO HSA Silver \$1,350 (73)

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO HSA/SIL 1350 73 (1/16)

BlueChoice HMO HSA Silver \$1,350 (87)

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO HSA/SIL 1350 87(1/16)

BlueChoice HMO HSA Silver \$1,350 (94)

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO HSA/SIL 1350 94 (1/16)

BlueChoice HMO Young Adult \$6,850

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO/YA SOB (1/16)

BlueChoice HMO Standard Gold \$500

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO STD/GOLD 500 (1/16)

BlueChoice HMO Standard Platinum \$0

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO STD/PLAT 0 (1/16)

BlueChoice HMO Standard Silver \$2,000 (Base Plan)

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO STD/SIL 2000 (1/16)

BlueChoice HMO Standard Silver (94)

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO STD/SIL 2000 94 (1/16)

BlueChoice HMO Standard Silver (87)

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO STD/SIL 2000 87(1/16)

BlueChoice HMO Standard Silver (73)

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO STD/SIL 2000 73 (1/16)

BlueChoice HMO Standard Bronze \$4,500

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HMO STD/BRZ 4500 (1/16)

HealthyBlue HMO Gold \$1,000

DC/CFBC/EXC/HB IN/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10) DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/INCENT (1/16); DC/CFBC/EXC/HB HMO/GOLD 1000 (1/16)

Blue Cross Blue Shield Preferred \$750, a Multi-State Plan

DC/CF/EXC/MSP/BP/IEA (1/14); DC/CF/MSP/APPEAL (R. 1/16); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14); DC/CF/MSP/EXCLUSION (1/14); DC/CF/MEM/BLCRD (1/12) DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10) DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP/MSP PPO 750 (1/16)

Blue Cross Blue Shield Preferred \$1,600, a Multi-State Plan (Base Plan)

DC/CF/EXC/MSP/BP/IEA (1/14); DC/CF/MSP/APPEAL (R. 1/16); DC/CF/SHOP/EXC/DOCS (1/14) DC/CF/EXC/NATAMER (1/14); DC/CF/MSP/EXCLUSION (1/14); DC/CF/MEM/BLCRD (1/12) DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10) DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP HSA/SIL 1600 (1/16)

Blue Cross Blue Shield Preferred \$1,600, a Multi-State Plan (73)

DC/CF/EXC/MSP/BP/IEA (1/14); DC/CF/MSP/APPEAL (R. 1/16); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14); DC/CF/MSP/EXCLUSION (1/14); DC/CF/MEM/BLCRD (1/12); DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10) DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP HSA/ SIL 1600 73 (1/16)

Blue Cross Blue Shield Preferred \$1,600, a Multi-State Plan (87)

DC/CF/EXC/MSP/BP/IEA (1/14); DC/CF/MSP/APPEAL (R. 1/16); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14); DC/CF/MSP/EXCLUSION (1/14); DC/CF/MEM/BLCRD (1/12) DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10) DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP HSA/ SIL 1600 87 (1/16)

Blue Cross Blue Shield Preferred \$1,600, a Multi-State Plan (94)

DC/CF/EXC/MSP/BP/IEA (1/14); DC/CF/MSP/APPEAL (R. 1/16); DC/CF/SHOP/EXC/DOCS (1/14) DC/CF/EXC/NATAMER (1/14); DC/CF/MSP/EXCLUSION (1/14); DC/CF/MEM/BLCRD (1/12) DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15 DC/CF/PT PROTECT (9/10); DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16) DC/CF/EXC/BP HSA/ SIL 1600 94 (1/16)

BluePreferred PPO Standard Bronze \$4,500

DC/CF/EXC/BP/IEA (1/14); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14) DC/GHMSI/DOL APPEAL (R. 1/16); DC/CF/MEM/BLCRD (1/12); DC/CF/ANCILLARY AMEND (10/12) DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10); DC/CF/EXC/2016 AMEND (1/16) DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP STD/BRZ 4500 (1/16)

BluePreferred PPO Standard Silver \$2,000 (Base Plan)

DC/CF/EXC/BP/IEA (1/14); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14); DC/GHMSI/DOL APPEAL (R. 1/16); DC/CF/MEM/BLCRD (1/12); DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10); DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16);DC/CF/EXC/BP STD/SIL 2000 (1/16);DC/CF/EXC/BP STD/PLAT 0 (1/16)

BluePreferred PPO Standard Silver \$2,000 (73)

DC/CF/EXC/BP/IEA (1/14); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14) DC/GHMSI/DOL APPEAL (R. 1/16); DC/CF/MEM/BLCRD (1/12); DC/CF/ANCILLARY AMEND (10/12) DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10); DC/CF/EXC/2016 AMEND (1/16) DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP STD/SIL 2000 73 (1/16)

BluePreferred PPO Standard Silver \$2,000 (87)

DC/CF/EXC/BP/IEA (1/14); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14); DC/GHMSI/DOL APPEAL (R. 1/16); DC/CF/MEM/BLCRD (1/12); DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10); DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP STD/SIL 2000 87 (1/16)

BluePreferred PPO Standard Silver \$2,000 (94)

DC/CF/EXC/BP/IEA (1/14); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14); DC/GHMSI/DOL APPEAL (R. 1/16); DC/CF/MEM/BLCRD (1/12); DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10); DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP STD/SIL 2000 94 (1/16)

BluePreferred PPO Standard Gold \$500

DC/CF/EXC/BP/IEA (1/14); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14); DC/GHMSI/DOL APPEAL (R. 1/16); DC/CF/MEM/BLCRD (1/12); DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10); DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP STD/GOLD 500 (1/16)

BluePreferred PPO Standard Platinum \$0

DC/CF/EXC/BP/IEA (1/14); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14); DC/GHMSI/DOL APPEAL (R. 1/16); DC/CF/MEM/BLCRD (1/12); DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10); DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP STD/PLAT 0 (1/16)

BlueDental Preferred HIGH Option:

DC/CF/DB/DENTAL/IEA (1/14); DC/CF/DB/PREF DENT DOCS-SOB (R. 1/15); DC/CF/DB/2015 DENTAL AMEND (REV 1/15); DC/CF/DB/2016 DENTAL AMEND (1/16); DC/GHMSI/DOL APPEAL (R. 11/11); and any amendments

BlueDental Preferred LOW Option:

DC/CF/DB/DENTAL/IEA (1/14); DC/CF/DB/PREF DENT DOCS-SOB LOW (1/15); DC/CF/DB/2015 DENTAL AMEND (REV 1/15); DC/CF/DB/2016 DENTAL AMEND (1/16); DC/GHMSI/DOL APPEAL (R. 11/11); and any amendments

Not all services and procedures are covered by your benefits contract. This benefit summary is for comparison purposes only and does not create rights not given through the benefit plan.



Welcome

Thank you for considering CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) for your health care coverage. As the largest health care insurer in the Mid-Atlantic region, we know how much you and your family depend on your health coverage. It's a responsibility we take very seriously, as we have with your parents, grandparents, friends and neighbors.

We created this book to help you research and choose the plan that best suits your specific needs. Inside you'll find:

- Details about the different plans we offer;
- How to choose and use your plan, including calculating your premium and other costs; and
- How to enroll in your plan.

CareFirst is an affiliate of the Blue Cross and Blue Shield Association. When you choose us as your health insurer, you are protected by the nation's oldest and largest family of independent health benefits companies. For over 75 years, we have provided our community with health care coverage and are committed to being there when you need us for many years to come.

If you have any questions as you read through this book, visit us at **www.carefirst.com/individual** or give us a call at 800-544-8703, Monday – Friday, 8 a.m. to 6 p.m. and Saturday, 8 a.m. to noon.

Sincerely,



Vickie S. Cosby

Vice President, Consumer Direct Sales

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- 8 Narrowing down your selection
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- 14 More ways to save
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Why choose CareFirst?

We know you have many options for your health care coverage and we appreciate the opportunity to show you how CareFirst is different. When you choose us as your health insurer:

- You have **choices**
- You get **more**
- You are **protected**

You have choices

We design our health plans with one thing in mind—you. When you need medical care, worrying about your health coverage should be the last thing on your mind. Our plans give you the freedom to get the care you need, when and where you need it and include:

- **The largest network of doctors in the region**—you get to choose the doctors you want to see.
- **No referrals needed**—make appointments with the doctors you want to see; no extra paperwork required.
- **Health plans designed to meet nearly every budget**—pick the benefits you want such as no charge primary care office visits and generic drugs, or no deductible for important services like urgent care, primary care and specialist visits.
- **Ways to manage your health care expenses**—save money by choosing to get care at locations with lower out-of-pocket costs such as your doctor's office, retail health clinics like those in CVS and Target and urgent care centers.



HIGHEST MEMBER SATISFACTION RATINGS

Happy members are the true measure of a health plan's success. Did you know CareFirst ranks first in member satisfaction* in these key categories?

- Number of Doctors to Choose From
- Overall Good Reputation
- Health Plan Overall
- Likelihood to Choose Again

*Results based on a survey of 3,546 health plan members, conducted by Mathew Greenwald & Associates, Inc. between January 1, 2014 and December 31, 2014.

You get more

At CareFirst, we reward you for taking steps to live a healthier lifestyle. Our programs help you take an active role in your health, address any health care concerns and enjoy a healthier future. With CareFirst, you get:

- **No charge for many benefits**—you pay nothing when you see an in-network provider for adult physicals, well-child exams, immunizations, screenings and more.
- **Rewards**—through our Blue Rewards incentive program, you can earn \$150 per adult (and up to \$400 per family) toward your copay or deductible by taking steps to improve your health.
- **Copays instead of coinsurance for most services**—predictable copays help you know how much it will cost before you visit the doctor.
- **Focused support**—our Patient-Centered Medical Home program (PCMH) enables your primary care provider to coordinate your care with all your doctors, pharmacies and hospitals to provide you with the services and support needed to keep you in the best possible health.
- **Personal assistance**—stop by one of our six local offices to speak with a friendly, knowledgeable insurance professional who can answer any questions and discuss your health plan needs.
- **Discounts**—we negotiate deep discounts with our medical and dental providers, which result in significant savings for our members.
- **Free 24/7 nurse advice line**—if you are unable to reach your primary care physician, or are unsure about your symptoms, you can call FirstHelp, our 24-hour nurse advice line.



WE ARE DEDICATED TO OUR COMMUNITY

We are your neighbors. As one of the largest employers in the region, we live and work in your community. And, as part of the community, we strive to provide resources and volunteer hours to strengthen the people we serve.

You are protected

For over 75 years, we have provided our community with health care coverage and we are committed to being there when you need us for many years to come. Blue Cross and Blue Shield companies cover nearly 100 million people—one-third of all Americans. You too can be protected:

- By the power of a membership card that opens doors in all 50 states*;
- Through a broad, national provider network that includes 90 percent of all doctors and 80 percent of all hospitals nationwide*; and
- With emergency coverage in over 200 countries.

When you choose a CareFirst health care plan, you get more than health insurance. You gain a partner who is committed to helping you live the healthiest life possible.

* Only emergency care covered for HMO plans.



Choosing Your Plan

CareFirst offers plans for every budget

CareFirst offers two different types of plans: Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO). The main differences between plan types are how much freedom you have when choosing providers and how much of the costs you will have to pay.

	HMO Plans \$	PPO Plans \$ \$ \$
Advantages	■ Usually the least expensive choice ■ Over 35,000 doctors, specialists and hospitals to choose from	■ Most flexible ■ Large choice of over 40,000 providers ■ Coverage for out-of-area services (outside of MD, DC and Northern VA) is included
Things to consider	■ Out-of-area coverage (outside of MD, DC and Northern VA) for emergencies and urgent care only ■ Coverage available for those living in selected states for an extended period of time through our Away From Home program	■ Usually more expensive than an HMO plan ■ Using out-of-network providers will cost you more
Available plans	■ BlueChoice HMO Young Adult \$6,850 ■ BlueChoice HMO HSA Bronze \$6,550 ■ BlueChoice HMO HSA Bronze \$6,000 ■ BlueChoice HMO Standard Bronze \$4,500 ■ BlueChoice HMO HSA Silver \$1,350 ■ BlueChoice HMO Standard Silver \$2,000 ■ BlueChoice HMO Standard Gold \$500 ■ HealthyBlue HMO Gold \$1,000 ■ BlueChoice HMO Standard Platinum \$0	■ BluePreferred PPO Standard Bronze \$4,500 ■ BluePreferred PPO Standard Silver \$2,000 ■ Blue Cross Blue Shield Preferred 1600 a Multi-State Plan ■ Blue Cross Blue Shield Preferred 750 a Multi-State Plan ■ BluePreferred PPO Standard Gold \$500 ■ BluePreferred PPO Standard Platinum \$0



DID YOU KNOW?...

CareFirst has the region's largest group or "network" of providers—doctors, hospitals and pharmacies—you can receive benefits and services from. To search for your doctor within our network, visit www.carefirst.com/findadoc.

To choose the best plan for your needs, you should:

Understand metal levels

Under the Affordable Care Act (ACA) there are four categories of health coverage—Bronze, Silver, Gold and Platinum—called **METAL LEVELS**. All health plans fall into a metal level depending on the share of health care expenses they cover. For example, bronze plans have lower monthly premiums but you'll pay more out of pocket when you seek care. Platinum plans have a higher premium but feature lower out-of-pocket costs in the form of copays and charges for many services.

CareFirst offers plans in all metal levels:

- Platinum
- Gold
- Silver
- Bronze

CareFirst also offers a Catastrophic plan for individuals under age 30, or individuals with a hardship exemption.

Consider a Health Savings Account

A **HEALTH SAVINGS ACCOUNT (HSA)** is a tax-exempt medical savings account that can be used to pay for your and your dependents' eligible medical expenses. HSAs enable you to pay for eligible health expenses and save for future qualified health expenses on a tax-free basis. We offer five health insurance plans that coordinate with an HSA and feature higher deductibles and lower premiums.

Look into financial assistance

You may qualify for one or both types of financial assistance (also called subsidies) from the government. One type of financial assistance will help pay your monthly premiums. If you qualify for this type of assistance, you can apply it toward the purchase of any plan—Bronze, Silver, Gold or Platinum.

The second type of financial assistance helps reduce your costs associated with deductibles and copayments. To qualify for this subsidy, you must choose a Silver plan.

You can check our subsidy estimator at www.carefirst.com/individual to see if you qualify. For more information about financial assistance, please see page 17 in this book.



Did you know that individuals earning up to \$47,080 and a family of four earning up to \$97,000* can still qualify for financial assistance to help pay for their health insurance premiums?*

*income based on 2016 federal poverty levels

HEALTH CARE REFORM: UNDERSTAND AND AVOID THE PENALTY!

Avoid the penalty and enroll during Open Enrollment, November 1, 2015–January 31, 2016.

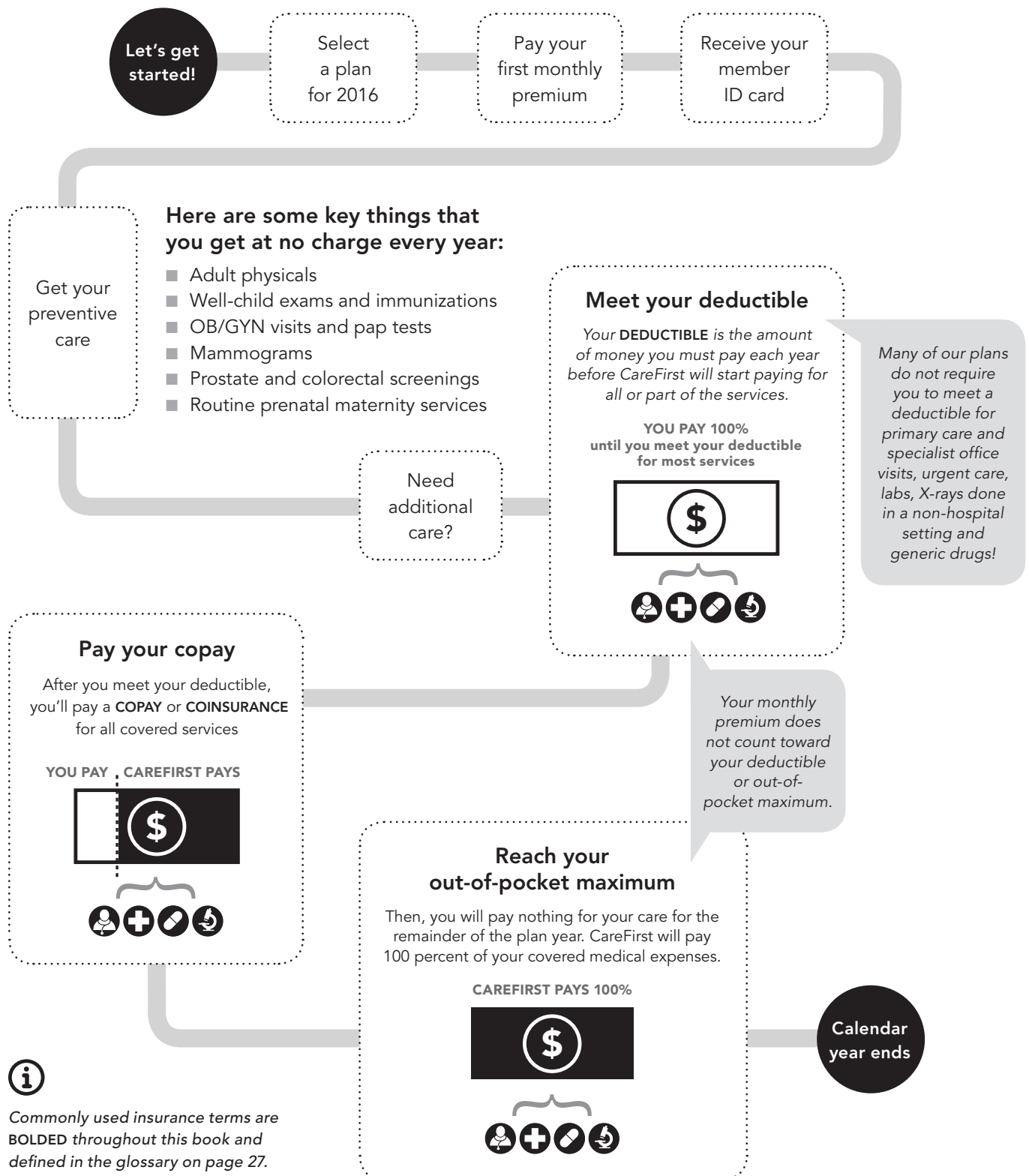
If you can afford health insurance and choose not to buy it, you must have a health coverage exemption or pay a penalty (also called a fee). If you don't have coverage in 2016, you'll pay a tax penalty equal to **\$695** per adult (up to a family maximum of **\$2,085**), or **2.5 percent** of your yearly household income; whichever is greater.

You'll pay the penalty on the federal income tax return you file for the year you don't have coverage.



Learn how health insurance works

To help you choose the best health plan for your budget and your needs, it's important to understand a bit about health insurance. The graphic below explains how health insurance works and defines some key terms.



Narrowing down your selection

The chart below shows the features most often used to compare plans. Use it to find your top choices—based on plan type or deductible, out-of-network coverage and the option to add an HSA account—whatever's most important to you.

	BRONZE LEVEL PLANS				SILVER LEVEL PLANS	
Plan Name	BlueChoice HMO HSA Bronze \$6,550	BlueChoice HMO HSA Bronze \$6,000	BluePreferred PPO Standard Bronze \$4,500	BlueChoice HMO Standard Bronze \$4,500	BluePreferred PPO Standard Silver \$2,000	BlueChoice HMO Standard Silver \$2,000
Monthly premium	\$	\$	\$	\$	\$ \$	\$ \$
Individual out-of-pocket costs (copays and deductibles)	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$	\$ \$ \$
Plan type	HMO	HMO	PPO	HMO	PPO	HMO
Deductible (amount you pay each year** before most services start)	\$6,550	\$6,000	\$4,500	\$4,500	\$2,000	\$2,000
Out-of-pocket maximum** (the most you'll pay for services in one year)	\$6,550	\$6,000	\$6,850	\$6,850	\$6,250	\$6,250
Coverage throughout the United States	✓ (emergency care only)	✓ (emergency care only)	✓	✓ (emergency care only)	✓	✓ (emergency care only)
Out-of-network coverage available***			✓		✓	
No copay or deductible for all primary care visits and generic drugs						
No deductible for primary care and specialist office visits, urgent care, retail health clinics, generic drugs			✓ (in-network)	✓	✓ (in-network)	✓
Tax savings with a Health Savings Account (learn more about HSAs on page 27)	✓	✓				

Here's what you get with every CareFirst plan

Blue Rewards program	✓	✓	✓	✓	✓	✓
No referrals necessary	✓	✓	✓	✓	✓	✓
Large network of doctors and hospitals	✓	✓	✓	✓	✓	✓

* Available to individuals under the age of 30. Also available to people who have received certification from an Exchange that they are exempt from the individual mandate because they do not have an affordable coverage option or because they qualify for a hardship exemption. Visit your public Exchange for more details.

** Family deductible and out-of-pocket maximum is double the individual deductible and maximum out-of-pocket.

*** Out-of-network—health care providers who have not contracted with CareFirst to provide services are out-of-network. Generally, HMO plans do not offer out-of-network services except for emergency care. PPO plans offer out-of-network coverage with higher out-of-pocket costs.



We've included more detailed benefits information, organized by health plan, in the fold-out chart included with this book.

SILVER LEVEL PLANS		GOLD LEVEL PLANS				PLATINUM LEVEL PLANS		UNDER AGE 30 PLAN
Blue Cross Blue Shield Preferred 1600, a Multi-State Plan	BlueChoice HMO HSA Silver \$1,350	HealthyBlue HMO Gold \$1,000	Blue Cross Blue Shield Preferred 750, a Multi-State Plan	BluePreferred PPO Standard Gold \$500	BlueChoice HMO Standard Gold \$500	BlueChoice HMO Standard Platinum \$0	BluePreferred PPO Standard Platinum \$0	BlueChoice HMO Young Adult \$6,850*
\$ \$	\$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$	\$
\$ \$ \$	\$ \$ \$	\$ \$	\$ \$	\$ \$	\$ \$	\$	\$	\$ \$ \$ \$
PPO	HMO	HMO	PPO	PPO	HMO	HMO	PPO	HMO
\$1,600	\$1,350	\$1,000	\$750	\$500	\$500	\$0	\$0	\$6,850
\$6,550	\$6,550	\$4,500	\$4,000	\$3,500	\$3,500	\$2,000	\$2,000	\$6,850
✓	✓ (emergency care only)	✓ (emergency care only)	✓	✓	✓ (emergency care only)	✓ (emergency care only)	✓	✓ (emergency care only)
✓			✓	✓			✓	
		✓	✓ (in-network primary care visits only)					
		✓	✓ (in-network)	✓ (in-network)	✓	✓	✓ (in-network)	
✓	✓							

✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓

Learn more about what you get with every CareFirst plan



Included in every CareFirst plan

CareFirst health plans are designed with your health in mind. All plans in this book include essential benefits like preventive care, hospitalization, emergency services, lab tests, maternity and mental health care. And, there is even more to every CareFirst plan. We also include:

- Prescription drug coverage
- Vision coverage
- Blue Rewards
- Dental coverage for children

Prescription drug coverage

Prescription drugs are an essential part of health care. All CareFirst plans include prescription drug coverage to make sure you have access to the medications you need. As a CareFirst member, your prescription coverage includes:

- ✓ A nationwide network of more than 60,000 participating pharmacies
- ✓ Approximately 5,000 covered prescription drugs including:
 - ☐ GENERIC DRUGS
 - ☐ PREFERRED BRAND DRUGS
 - ☐ NON-PREFERRED BRAND DRUGS
 - ☐ SPECIALTY DRUGS
- ✓ Mail Service Pharmacy, our convenient and fast mail order drug program
- ✓ Coordinated medical and pharmacy programs to help improve your overall health and reduce costs

Visit www.carefirst.com/acarx to find out whether your drugs are covered.



We've included more information on prescription benefits by health plan in the fold-out chart included with this book and in the glossary on page 27.





Blue Rewards

Blue Rewards is CareFirst's exclusive incentive program that rewards you for taking steps to get and stay healthy. By completing the required steps, you can earn \$150 per adult, and up to \$400 per family.

Once you've earned your reward, you will receive a CareFirst Blue Rewards Visa® Incentive Card that can be applied toward your annual deductible or out-of-pocket costs like copays and eligible medical, prescription drug, dental and vision expenses under your health plan.

For more information on the steps and the program, visit www.carefirst.com/bluerewards.

The CareFirst Blue Rewards Visa® Incentive Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. This card may not be used everywhere Visa debit cards are accepted. No cash access permitted. The Bancorp Bank; Member FDIC.

If you are enrolled in a health plan that is compatible with a Health Savings Account (HSA), you are required to meet the Internal Revenue Service (IRS) minimum deductible for an HSA plan of \$1,300 individual/\$2,600 family before receiving the incentive card.

Blue Rewards

Vision coverage for everyone on your plan

Every CareFirst health plan includes basic eye-care benefits for everyone covered by your plan.

In-network benefits are offered to you through Davis Vision,* our administrator for the plans.

Out-of-network benefits are also available.

Coverage for children (up to age 19) includes:

- One no-charge¹ in-network routine exam per calendar year
- No copay for frames and basic lenses for glasses or contact lenses in the Davis Vision collection
- No claims to file

Coverage for adults (19 and over) includes:

- One no-charge in-network routine exam² per calendar year
- Discounts³ of approximately 30 percent on eyeglass lenses, frames and contacts, laser vision correction, scratch-resistant lens coating and progressive lenses
- No claims to file

*Davis Vision is an independent company.

¹ There is a \$50 copay for the eye exam for BlueChoice HMO Standard Bronze \$4,500 and BluePreferred PPO Standard Bronze \$4,500 plans.

² Exam subject to deductible in BlueChoice Young Adult plan.

³ Provider participation varies from year-to-year. Make sure to call in advance to confirm discounts.

To locate a vision provider near you, call Davis Vision at 800-783-5602 or visit www.carefirst.com/findadoc.



Dental coverage for children up to age 19

Did you know that comprehensive dental care can help detect other health problems before they become more serious? The health of your child's teeth also has a major impact on digestion, growth rate and many other aspects of overall health. That's why all CareFirst plans provide kids under age 19 with dental benefits at no extra charge.

Please note: Medical plans with "Standard" in the name have no deductible on any pediatric dental service. In addition, copays apply for specific services like amalgam fillings and extractions, root canal, gingivectomy and extractions, crowns and medically necessary orthodontics.



Need dental insurance? CareFirst offers four dental plans you can purchase to cover you and your family members age 19 and older. See pages 23–24 for plan details.

PEDIATRIC DENTAL	In-Network	Out-of-Network
	Member Pays	
Cost	Included in your medical plan premium—no additional monthly charge	
Deductible	\$25 Individual per calendar year (applies to Classes II, III & IV)	\$50 Individual per calendar year (applies to Classes II, III & IV)
Network	Over 5,000 providers in MD, DC, and Northern VA; 96,000 dental providers nationally	
Preventive & Diagnostic Services (Class I) —Exams (2 per year), cleanings (2 per year), fluoride treatments (2 per year), sealants, bitewing X-rays (2 per year), full mouth X-ray (one every 3 years)	No charge	20% of Allowed Benefit* (no deductible)
Basic Services (Class II) —Fillings (amalgam or composite), simple extractions, non-surgical periodontics	20% of Allowed Benefit* after deductible	40% of Allowed Benefit* after deductible
Major Services—Surgical (Class III) —Surgical periodontics, endodontics, oral surgery	50% of Allowed Benefit* after deductible	65% of Allowed Benefit* after deductible
Major Services—Restorative (Class IV) —Crowns, dentures, inlays and onlays	50% of Allowed Benefit* after deductible	65% of Allowed Benefit* after deductible
Orthodontic Services** (Class V) —when medically necessary	50% of Allowed Benefit* (no deductible)**	65% of Allowed Benefit* (no deductible)**

Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

*CareFirst payments are based on the CareFirst Allowed Benefit. Participating dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for any amount over the Allowed Benefit. Providers are not required to accept CareFirst's Allowed Benefit on non-covered services. This means you may have to pay your dentist's entire billed amount for these non-covered services. At your dentist's discretion, they may choose to accept the CareFirst Allowed Benefit, but are not required to do so. Please talk with your dentist about your cost for any dental services.

**Orthodontic services are subject to the deductible for the BlueChoice Young Adult \$6,850 plan only.



Using Your Plan

Knowing where to go can save you money

Do you know where to seek appropriate medical attention? Knowing where to go when you need medical treatment is crucial to getting the best treatment possible while saving you time and money.

One of the best places to get consistent, quality health care is your **PRIMARY CARE PROVIDER**, also known as your PCP. Get started by visiting your PCP for recommended routine visits, which do not require a copay. If you have a medical issue, your PCP, who knows your health history, can help make getting the care you need easier and faster.

When your PCP is not available, you have many choices for care. Your choices for non-life-threatening medical care include **CONVENIENCE CARE CENTERS**—also known as **RETAIL HEALTH CLINICS** as they are located inside a retail store like CVS, Target or Walgreens—or urgent

care centers (for example, Patient First, Righttime and Doctors Express). Both convenience care and urgent care centers accept walk-in patients and can treat minor injuries and illness. Just keep in mind, where you decide to receive care could have a direct impact on how much you will pay. Services such as X-rays, lab work and outpatient surgery will typically cost more in a hospital setting. To pay the least out-of-pocket for these services, visit a participating non-hospital facility or surgery center.

The graphic below shows how your costs vary based on where you choose to get care.



CareFirst members also have 24/7 access to FirstHelp™, our nurse advice line for help when they can't reach their PCP or are unsure about their symptoms.

Why do I need care?	I need preventive care.	I need X-rays. I need lab work.	I need immediate care, but it's not life-threatening.*	I'm having surgery.
\$	 PCP or Convenience Care (Retail Clinic)		 PCP or Convenience Care (Retail Clinic)	
\$\$			 Urgent Care Center or Specialist (Non-life-threatening)*	
\$\$\$		 Non-Hospital Facility (Freestanding)		 Non-Hospital Surgery Center (Freestanding)
\$\$\$\$		 Outpatient Hospital	 Emergency Room*	 Outpatient Hospital
\$\$\$\$\$				 Inpatient Hospital

*If you have a life-threatening injury, illness or emergency, you should always go straight to the emergency room, or dial 911.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

More ways to save



Reduce your prescription costs

If prescription drugs are a significant part of the costs you pay, here are some ways you may be able to reduce what you spend on them.

Buy generic

Generic drugs cost up to 80 percent less than their brand-name counterparts and are made with the same active ingredients. Ask your doctor if your prescription medication can be filled with a generic alternative.

Use mail order for maintenance medications

By using our Mail Service Pharmacy program, you can save the most money on your maintenance medications—those drugs taken daily to treat a chronic condition like high cholesterol—by having them delivered right to your home. You can get up to a 90-day supply of your medications for the cost of two copays.

Use drugs on the Preferred Drug List

The drugs on CareFirst's Preferred Drug list have been reviewed for quality, effectiveness, safety and cost by an independent national committee of health care professionals. The CareFirst Preferred Drug List identifies generic and preferred brand drugs that may save you money. You can check and print the most up-to-date list at www.carefirst.com/rx.

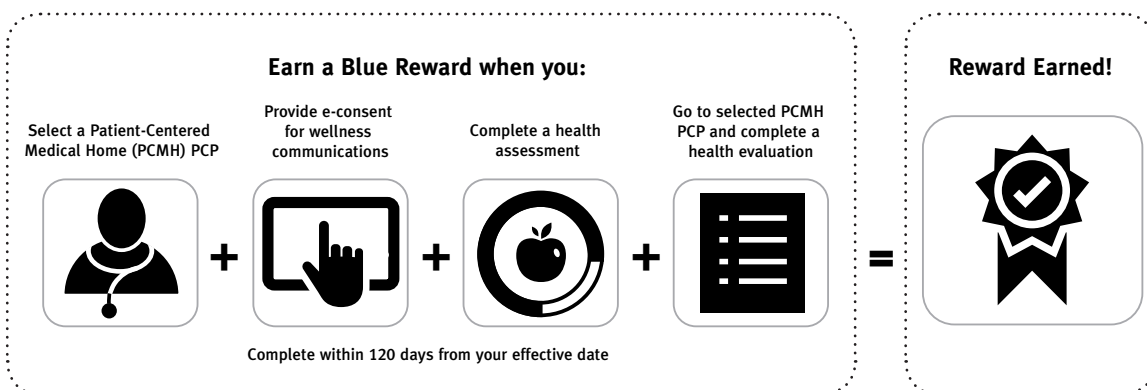


We've included more information on prescription benefits by health plan in the fold-out chart included with this book.

Earn \$150–\$400 from our Blue Rewards program

Blue Rewards is an incentive program where you can earn \$150 per adult and up to \$400 per family for taking an active role in getting and staying healthy. It's a financial reward in the form of an incentive card you can apply to your deductible and copays.

There are four steps you must complete to earn your reward. For more information on the steps and the program, visit www.carefirst.com/bluerewards.



The CareFirst Blue Rewards Visa® Incentive Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. This card may not be used everywhere Visa debit cards are accepted. No cash access permitted. The Bancorp Bank; Member FDIC. If you are enrolled in a health plan that is compatible with a Health Savings Account (HSA), you are required to meet the Internal Revenue Service (IRS) minimum deductible for an HSA plan of \$1,300 individual/\$2,600 family before receiving the incentive card.



Take advantage of our wellness discount program

Blue365 delivers exclusive discounts for our members from top national and local retailers on:

- fitness gear
- gym memberships
- family activities
- and more

It's easy to register and take advantage of all Blue365 has to offer. Once you sign up, you'll receive a weekly deal reminder by email.

SEE IF YOU QUALIFY FOR FINANCIAL ASSISTANCE

The federal government provides financial assistance to lower monthly premiums and limit out-of-pocket expenses for people who qualify. You can check our subsidy estimator at www.carefirst.com/individual to see if you qualify for a lower premium. For more information about financial assistance, please see page 17 in this book.

Use our Treatment Cost Estimator

Once you are a member, you can manage your health care budget with CareFirst's Treatment Cost Estimator. The estimator is an online resource that helps you determine your approximate out-of-pocket cost for procedures, doctor office visits, lab tests and surgery before you receive care. With the Treatment Cost Estimator, you can:

- Quickly calculate the approximate total costs for procedures, office visits, lab tests and surgery.
- Personalized estimates are based on your health plan and factor in remaining deductible, benefit maximums and copayments.
- Avoid surprises and save money by comparing what your plan pays and your potential bill when you use different doctors and outpatient or inpatient services.
- Plan ahead to keep health costs under control and make informed care decisions.



Access important health information

My Account—your total online health resource

My Account offers personalized information about your health plan to help you understand your benefits. By setting up an account, you'll have password-protected access to:

- View and pay your bill
- Choose a doctor
- View/order your member ID card
- View your Explanation of Benefits (EOB)
- Track your remaining deductible
- Use the Treatment Cost Estimator
- Find drug pricing, pharmacy locations and access the mail service pharmacy
- Check the status of your claims
- Compare hospitals
- Complete a health risk assessment
- Provide e-consent for wellness communications

The screenshot shows the CareFirst My Account website. At the top is the CareFirst logo and a navigation bar with links: Home, My Coverage, Claims, Doctors, My Health, Plan Documents, Tools, and Help. Below the navigation bar is a 'Welcome' message. The main content area is divided into two columns. The left column contains a 'Medical Plan Summary' with details: Plan Type (BluePreferred PPO Standard Silver \$2,000), Group Number (99K1), Metal Level (Silver), Start Date (January 1, 2016), PCP, and a 'View All Plans' link. Below this is a 'Deductible' section showing 'In Network' with a remaining amount of \$1,875.99 and a progress bar. The right column contains a 'Quick Links' section with various links like 'Pay My Bill Online', 'Blue Rewards', 'View Payment Options', etc. At the bottom, there is a 'Recent Claims (Last 30 Days)' table with columns: Date of Service, Doctor Name, You Owe, and Status.

Date of Service	Doctor Name	You Owe	Status
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ON THE GO? DOWNLOAD OUR MOBILE APP

Using any mobile device, you can:

- Search for providers and urgent care centers
- View claims and deductible information
- Download ID cards to your device
- Save provider information directly to your contacts list
- Receive push notifications when your new Explanation of Benefits (EOB) information is ready to view



Enrolling in Your Plan

Three ways to enroll in your new CareFirst plan

Once you decide on the CareFirst plan that works best for your needs, all that's left to do is enroll. District of Columbia law requires all D.C. residents to purchase a plan and apply for any applicable subsidies, through the DC Health Link or through a health insurance broker. To enroll:

1

Visit www.dchealthlink.com

2

Call the DC Health Link, 855-532-5465

3

Enroll through your broker, if you have one. A broker is an independent agent who represents you (the buyer) and works to find you the best health insurance policy for your needs.



Open Enrollment is
November 1, 2015–
January 31, 2016.

Have questions?

We are here to help you any way we can. On our website, www.carefirst.com/individual, you can Click to Chat with a live representative or Click to Call, which will prompt us to give you a call. If you prefer to call us, contact one of our Product Consultants at 800-544-8703 Monday-Friday, 8 a.m. to 6 p.m. and Saturday, 8 a.m. to noon.

Wondering if you qualify for financial assistance?

There are two types of financial assistance (also called subsidies) available from the federal government:

- **A tax credit to help pay your monthly premiums**—This subsidy helps reduce your monthly premium. Once you apply, your tax credit will be sent to CareFirst and applied to your bill reducing or even eliminating your premium (excludes the BlueChoice Young Adult plan).
- **A subsidy to lower your out-of-pocket expenses**—This subsidy helps to limit how much you spend on out-of-pocket expenses like copays, coinsurance and deductibles. By lowering these out-of-pocket costs, your health plan begins paying 100 percent of your costs sooner than it would have without the subsidy. If you qualify, and want to take advantage of this type of financial assistance, you must purchase a Silver metal level plan.

To see if you qualify for one or both, check out our subsidy estimator at www.carefirst.com/individual. If you do qualify, you must purchase your plan through the DC Health Link at www.dchealthlink.com.

Note: If you are an existing member and you qualified for financial assistance in 2015 and did not elect automatic reassessment, you need to contact the DC Health Link and be re-evaluated for financial assistance for 2016 during Open Enrollment, November 1, 2015–January 31, 2016.

When your coverage will start

Your **EFFECTIVE DATE** is the date your coverage begins. If you choose a new plan for 2016 and want coverage to start on January 1, 2016, you must enroll by December 15, 2015.

Please confirm your effective date with DC Health Link.

Paying for your plan

If you buy CareFirst coverage through DC Health Link, you will be mailed a bill after enrollment. Please wait for your bill before making a payment.

Learn more by visiting www.carefirst.com/paymentoptions.

Convenient e-Billing

If you set up automated monthly premium payments, your first payment, and each remaining payment, will be withdrawn from your bank account and sent to CareFirst automatically. You can set up recurring payments at www.carefirst.com/myaccount after you become a member.



IMPORTANT: ACA requires that everyone have health coverage that meets ACA requirements at all times. Going without coverage for more than three months could mean you have to pay a tax penalty when you file your taxes with the IRS. Keep in mind—if you miss Open Enrollment, you can only buy health insurance for the rest of 2016 if you meet the qualifying life event criteria (marriage, new baby, layoff, etc.).



Calculating your total monthly premium

Before you decide on the plan that best fits your needs, you'll likely want to take a look at the cost. You can figure out your total monthly premium by completing the following three steps. If you are considering more than one plan, complete step two for each plan so you can compare the costs.

1. Refer to the rate sheets on pages 20-21.
2. Under the plan(s) you are considering, circle the dollar amount that corresponds with your age (listed in the far left column) when coverage will begin. If you're buying an individual plan, that's your rate!
3. If you are interested in a family plan, each family member is rated individually and your rates are combined to calculate your family premium. So, you'll need to complete step two for each family member covered under your plan. To calculate your family premium:
 - Circle the rate for you.
 - Circle the rate for your spouse (if applicable).
 - Circle the rates for your oldest three children under age 21. If you have more than three children under age 21, all will be covered on your plan but only the three oldest count toward your overall premium.
 - Circle the rate for each child age 21-25. Note: children over age 25 must purchase their own health insurance.
 - Add all individual rates together to determine your family premium.



Example family premium calculation

Bob and Kristin are married with 3 kids—Olivia, 15; Sydney, 17 and Ethan, 23—and want to calculate their family's monthly premium for the BluePreferred PPO Standard Silver \$2,000 plan.

They find their plan's column and circle:

- Olivia and Sydney's rate in their age row (0-20)—because both daughters fall in the same age row, they make a note to add that rate twice, once for each daughter
- Ethan's rate in his age row (23)
- Kristin's rate in her age row (48)
- Bob's rate in his age row (53)

They add everything up at the bottom of the page to use in making their final decision.

Remember—rates are subject to change annually.

District of Columbia	
Age	BluePreferred PPO Standard Silver \$2,000
0-20	\$221.01 X2
21	\$245.68
22	\$245.68
23	\$245.68
24	\$245.68
25	\$245.68
26	\$245.68
47	\$361.58
48	\$375.76
49	\$390.50
50	\$405.82
51	\$421.70
52	\$438.15
53	\$455.16
 \$1,518.62	

District of Columbia

Age	Bronze Level Plans				Silver Level Plans			
	BlueChoice HMO HSA Bronze \$6,550	BlueChoice HMO HSA Bronze \$6,000	BluePreferred PPO Standard Bronze \$4,500	BlueChoice HMO Standard Bronze \$4,500	BluePreferred PPO Standard Silver \$2,000	BlueChoice HMO Standard Silver \$2,000	Blue Cross Blue Shield Preferred 1600, a Multi- State Plan	BlueChoice HMO HSA Silver \$1,350
0-20	\$94.11	\$97.82	\$167.80	\$138.00	\$221.01	\$185.47	\$180.03	\$153.22
21	\$104.62	\$108.74	\$186.53	\$153.40	\$245.68	\$206.17	\$200.12	\$170.32
22	\$104.62	\$108.74	\$186.53	\$153.40	\$245.68	\$206.17	\$200.12	\$170.32
23	\$104.62	\$108.74	\$186.53	\$153.40	\$245.68	\$206.17	\$200.12	\$170.32
24	\$104.62	\$108.74	\$186.53	\$153.40	\$245.68	\$206.17	\$200.12	\$170.32
25	\$104.62	\$108.74	\$186.53	\$153.40	\$245.68	\$206.17	\$200.12	\$170.32
26	\$104.62	\$108.74	\$186.53	\$153.40	\$245.68	\$206.17	\$200.12	\$170.32
27	\$104.62	\$108.74	\$186.53	\$153.40	\$245.68	\$206.17	\$200.12	\$170.32
28	\$107.06	\$111.28	\$190.89	\$156.99	\$251.43	\$210.99	\$204.80	\$174.30
29	\$109.36	\$113.67	\$194.99	\$160.37	\$256.83	\$215.53	\$209.21	\$178.05
30	\$112.10	\$116.52	\$199.87	\$164.38	\$263.26	\$220.92	\$214.44	\$182.50
31	\$114.98	\$119.51	\$205.00	\$168.60	\$270.01	\$226.59	\$219.94	\$187.19
32	\$117.57	\$122.20	\$209.62	\$172.40	\$276.10	\$231.69	\$224.90	\$191.41
33	\$120.30	\$125.04	\$214.49	\$176.40	\$282.52	\$237.08	\$230.13	\$195.86
34	\$123.18	\$128.03	\$219.62	\$180.62	\$289.28	\$242.75	\$235.63	\$200.54
35	\$126.06	\$131.02	\$224.76	\$184.84	\$296.04	\$248.42	\$241.14	\$205.23
36	\$128.93	\$134.01	\$229.89	\$189.06	\$302.79	\$254.10	\$246.64	\$209.91
37	\$131.81	\$137.01	\$235.02	\$193.29	\$309.55	\$259.77	\$252.15	\$214.60
38	\$133.40	\$138.65	\$237.84	\$195.61	\$313.27	\$262.89	\$255.18	\$217.18
39	\$134.98	\$140.30	\$240.66	\$197.93	\$316.99	\$266.01	\$258.20	\$219.75
40	\$140.30	\$145.83	\$250.16	\$205.73	\$329.49	\$276.50	\$268.39	\$228.42
41	\$145.77	\$151.51	\$259.91	\$213.75	\$342.33	\$287.28	\$278.85	\$237.33
42	\$151.53	\$157.50	\$270.17	\$222.19	\$355.85	\$298.62	\$289.86	\$246.70
43	\$157.43	\$163.63	\$280.69	\$230.84	\$369.71	\$310.25	\$301.15	\$256.30
44	\$163.61	\$170.06	\$291.72	\$239.92	\$384.24	\$322.44	\$312.98	\$266.38
45	\$169.95	\$176.64	\$303.01	\$249.20	\$399.11	\$334.92	\$325.09	\$276.68
46	\$176.57	\$183.52	\$314.81	\$258.91	\$414.65	\$347.96	\$337.76	\$287.46
47	\$183.47	\$190.70	\$327.13	\$269.04	\$430.87	\$361.58	\$350.97	\$298.71
48	\$190.67	\$198.18	\$339.96	\$279.59	\$447.77	\$375.76	\$364.73	\$310.42
49	\$198.15	\$205.96	\$353.30	\$290.56	\$465.34	\$390.50	\$379.05	\$322.60
50	\$205.92	\$214.03	\$367.15	\$301.96	\$483.59	\$405.82	\$393.91	\$335.25
51	\$213.98	\$222.41	\$381.52	\$313.77	\$502.52	\$421.70	\$409.33	\$348.37
52	\$222.33	\$231.09	\$396.40	\$326.01	\$522.12	\$438.15	\$425.29	\$361.96
53	\$230.96	\$240.06	\$411.79	\$338.67	\$542.39	\$455.16	\$441.81	\$376.02
54	\$240.03	\$249.48	\$427.96	\$351.96	\$563.68	\$473.03	\$459.15	\$390.78
55	\$249.38	\$259.20	\$444.64	\$365.68	\$585.65	\$491.46	\$477.04	\$406.01
56	\$259.16	\$269.38	\$462.08	\$380.03	\$608.63	\$510.75	\$495.76	\$421.94
57	\$269.24	\$279.85	\$480.04	\$394.80	\$632.29	\$530.60	\$515.03	\$438.34
58	\$279.74	\$290.76	\$498.77	\$410.20	\$656.96	\$551.30	\$535.12	\$455.44
59	\$290.68	\$302.13	\$518.27	\$426.24	\$682.64	\$572.85	\$556.05	\$473.25
60	\$302.05	\$313.95	\$538.54	\$442.91	\$709.34	\$595.26	\$577.79	\$491.75
61	\$313.85	\$326.21	\$559.58	\$460.21	\$737.05	\$618.51	\$600.36	\$510.96
62	\$313.85	\$326.21	\$559.58	\$460.21	\$737.05	\$618.51	\$600.36	\$510.96
63	\$313.85	\$326.21	\$559.58	\$460.21	\$737.05	\$618.51	\$600.36	\$510.96
64	\$313.85	\$326.21	\$559.58	\$460.21	\$737.05	\$618.51	\$600.36	\$510.96
65+*	\$313.85	\$326.21	\$559.58	\$460.21	\$737.05	\$618.51	\$600.36	\$510.96



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* If you are age 65 or older, you can only apply if you are NOT eligible for Medicare.

Rates are valid January 1–December 31, 2016 only.

District of Columbia							
Age	Gold Level Plans				Platinum Level Plans		Under 30 Plan
	HealthyBlue HMO Gold \$1,000	Blue Cross Blue Shield Preferred 750, a Multi- State Plan	BluePreferred PPO Standard Gold \$500	BlueChoice HMO Standard Gold \$500	BlueChoice HMO Standard Platinum \$0	BluePreferred PPO Standard Platinum \$0	BlueChoice Young Adult \$6,850
0-20	\$230.96	\$280.81	\$279.70	\$239.72	\$296.52	\$343.35	\$75.50
21	\$256.74	\$312.15	\$310.92	\$266.47	\$329.62	\$381.68	\$83.93
22	\$256.74	\$312.15	\$310.92	\$266.47	\$329.62	\$381.68	\$83.93
23	\$256.74	\$312.15	\$310.92	\$266.47	\$329.62	\$381.68	\$83.93
24	\$256.74	\$312.15	\$310.92	\$266.47	\$329.62	\$381.68	\$83.93
25	\$256.74	\$312.15	\$310.92	\$266.47	\$329.62	\$381.68	\$83.93
26	\$256.74	\$312.15	\$310.92	\$266.47	\$329.62	\$381.68	\$83.93
27	\$256.74	\$312.15	\$310.92	\$266.47	\$329.62	\$381.68	\$83.93
28	\$262.74	\$319.45	\$318.19	\$272.71	\$337.33	\$390.60	\$85.89
29	\$268.39	\$326.32	\$325.04	\$278.57	\$344.58	\$399.00	\$87.74
30	\$275.10	\$334.48	\$333.16	\$285.53	\$353.20	\$408.98	N/A**
31	\$282.17	\$343.07	\$341.72	\$292.87	\$362.27	\$419.48	N/A**
32	\$288.52	\$350.80	\$349.41	\$299.46	\$370.43	\$428.93	N/A**
33	\$295.23	\$358.95	\$357.54	\$306.43	\$379.04	\$438.90	N/A**
34	\$302.30	\$367.54	\$366.09	\$313.76	\$388.11	\$449.40	N/A**
35	\$309.36	\$376.13	\$374.65	\$321.09	\$397.18	\$459.90	N/A**
36	\$316.42	\$384.72	\$383.20	\$328.42	\$406.25	\$470.40	N/A**
37	\$323.49	\$393.30	\$391.75	\$335.75	\$415.31	\$480.90	N/A**
38	\$327.37	\$398.03	\$396.46	\$339.78	\$420.30	\$486.68	N/A**
39	\$331.25	\$402.75	\$401.16	\$343.81	\$425.29	\$492.45	N/A**
40	\$344.32	\$418.64	\$416.99	\$357.38	\$442.07	\$511.88	N/A**
41	\$357.74	\$434.95	\$433.24	\$371.31	\$459.29	\$531.83	N/A**
42	\$371.87	\$452.13	\$450.35	\$385.97	\$477.43	\$552.83	N/A**
43	\$386.35	\$469.73	\$467.88	\$400.99	\$496.02	\$574.35	N/A**
44	\$401.53	\$488.19	\$486.27	\$416.76	\$515.52	\$596.93	N/A**
45	\$417.07	\$507.09	\$505.09	\$432.88	\$535.47	\$620.03	N/A**
46	\$433.32	\$526.84	\$524.76	\$449.74	\$556.32	\$644.18	N/A**
47	\$450.27	\$547.45	\$545.29	\$467.34	\$578.09	\$669.38	N/A**
48	\$467.92	\$568.92	\$566.68	\$485.67	\$600.76	\$695.63	N/A**
49	\$486.29	\$591.24	\$588.92	\$504.73	\$624.33	\$722.93	N/A**
50	\$505.36	\$614.43	\$612.01	\$524.52	\$648.82	\$751.28	N/A**
51	\$525.13	\$638.47	\$635.96	\$545.04	\$674.21	\$780.68	N/A**
52	\$545.62	\$663.38	\$660.77	\$566.30	\$700.50	\$811.13	N/A**
53	\$566.81	\$689.14	\$686.43	\$588.30	\$727.71	\$842.63	N/A**
54	\$589.05	\$716.19	\$713.37	\$611.39	\$756.27	\$875.70	N/A**
55	\$612.01	\$744.10	\$741.17	\$635.21	\$785.74	\$909.83	N/A**
56	\$636.02	\$773.30	\$770.25	\$660.14	\$816.57	\$945.53	N/A**
57	\$660.74	\$803.35	\$800.19	\$685.80	\$848.31	\$982.28	N/A**
58	\$686.52	\$834.70	\$831.41	\$712.55	\$881.41	\$1,020.60	N/A**
59	\$713.36	\$867.33	\$863.91	\$740.41	\$915.87	\$1,060.50	N/A**
60	\$741.26	\$901.25	\$897.70	\$769.37	\$951.69	\$1,101.98	N/A**
61	\$770.22	\$936.46	\$932.77	\$799.42	\$988.87	\$1,145.03	N/A**
62	\$770.22	\$936.46	\$932.77	\$799.42	\$988.87	\$1,145.03	N/A**
63	\$770.22	\$936.46	\$932.77	\$799.42	\$988.87	\$1,145.03	N/A**
64	\$770.22	\$936.46	\$932.77	\$799.42	\$988.87	\$1,145.03	N/A**
65+*	\$770.22	\$936.46	\$932.77	\$799.42	\$988.87	\$1,145.03	N/A**
	\$	\$	\$	\$			\$

* If you are age 65 or older, you can only apply if you are NOT eligible for Medicare.

** Only available for enrollment to people under the age of 30, unless they have received certification from an Exchange that they are exempt from the individual mandate because they do not have an affordable coverage option or because they qualify for a hardship exemption. Visit your public Exchange for more details.



Additional Information

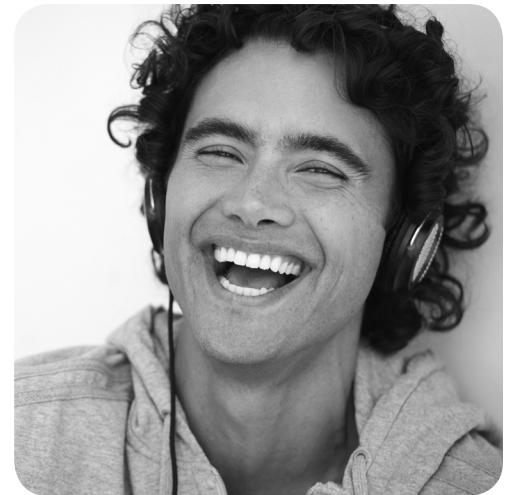
Dental plans for adults

Four optional dental plans

All CareFirst medical plans provide pediatric dental benefits. To get dental coverage for adults age 19 and older, you can choose from four dental plans:

- BlueDental Preferred
- Preferred Dental Plus
- Dental HMO
- Preferred Dental

For more information, including an application, just mail in the postage-paid card on the next page.



	BlueDental Preferred		Preferred Dental Plus
	In-Network		In-Network
	Out-of-Network Coverage available		
	MEMBER PAYS		
Individual Cost Per Day	Less than \$1.50		Less than \$1.30
Deductible	Low Option \$65 Individual/ \$195 Family (applies to classes I-IV) per calendar year	High Option \$60 Individual/ \$180 Family (applies to classes II, III, IV) per calendar year	\$25 Individual/\$75 Family (applies to classes II, III & IV) per contract year
Annual Maximum	Plan pays \$1,000 maximum (for members age 19 and over)		Plan pays \$1,000 maximum
Network	Over 5,000 providers in MD, DC, and Northern VA; 96,000 dentists nationally		
Preventive & Diagnostic Services (Class I)	Low Option No charge after deductible	High Option No charge	No charge
Basic Services (Class II) <i>Fillings, simple extractions, non-surgical periodontics</i>	20% of Allowed Benefit* after deductible		20% of Allowed Benefit* after deductible
Major Services – Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i>	20% of Allowed Benefit* after deductible		20% of Allowed Benefit* after deductible & 12-month benefit waiting period
Major Services – Restorative (Class IV) <i>Inlays, onlays, dentures, crowns</i>	50% of Allowed Benefit* after deductible		50% of Allowed Benefit* after deductible & 12-month benefit waiting period
Orthodontic Services (Class V) <i>(up to age 19)</i>	50% of Allowed Benefit* (no deductible) when medically necessary		50% of Allowed Benefit* after 12-month benefit waiting period (limitations apply)

Please note: The benefit summary above is condensed and does not provide full benefit details.

Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

*CareFirst payments are based upon the CareFirst Allowed Benefit. Participating dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for any amount over the Allowed Benefit. Providers are not required to accept CareFirst's Allowed Benefit on non-covered services. This means you may have to pay your dentist's entire billed amount for these non-covered services. At your dentist's discretion, they may choose to accept the CareFirst Allowed Benefit, but are not required to do so. Please talk with your dentist about your cost for any dental services.

If you'd like to talk to a
product specialist, please call
800-544-8703.



If you'd like to talk to a
product specialist, please call
800-544-8703.

	Dental HMO ¹	Preferred Dental
	In-Network Only	In-Network Out-of-Network Coverage available
	Member Pays	
Individual Cost Per Day	Less than \$.35	Less than \$.55
Deductible	None	None
Annual Maximum	No maximum	No maximum
Network	Over 600 providers in MD, DC and Northern VA	Over 5,000 providers in MD, DC and Northern VA
Preventive & Diagnostic Services (Class I)	\$20 copay per office visit	No charge
Basic Services (Class II) <i>Fillings, simple extractions, non-surgical periodontics</i>	\$20-\$70 copay per office visit	Not covered
Major Services – Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i>	Copays per service	Not covered
Major Services – Restorative (Class IV) <i>Inlays, onlays, dentures, crowns</i>	Copays per service	Not covered
Orthodontic Services (Class V)	Child: \$2,500 per member Adult: \$2,700 per member	Not covered

Please note: The benefit summary above is condensed and does not provide full benefit details.

Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

¹ The Dental HMO plan is underwritten by CareFirst BlueChoice, Inc., which is an independent licensee of the Blue Cross and Blue Shield Association.

CareFirst payments are based upon the CareFirst Allowed Benefit. Participating dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for any amount over the Allowed Benefit. Providers are not required to accept CareFirst's Allowed Benefit on non-covered services. This means you may have to pay your dentist's entire billed amount for these non-covered services. At your dentist's discretion, they may choose to accept the CareFirst Allowed Benefit, but are not required to do so. Please talk with your dentist about your cost for any dental services.



For more information on any of our
four optional dental plans, including an
application, just mail in the postage-paid
card on the next page.

Mail this card for free information

YES, please rush me more information about the plan(s) that I've checked below. I understand this information is free and I am under no obligation.

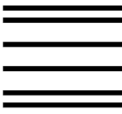
Dental Plan Options
☐ BlueDental Preferred
☐ Dental HMO
☐ Preferred Dental
☐ Preferred Dental Plus

NAME: _____

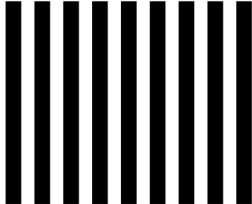
ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____



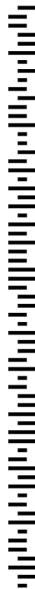
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 57 OWINGS MILLS MD

POSTAGE WILL BE PAID BY ADDRESSEE

OM1-415
INDIVIDUAL INFORMATION SERVICE GROUP
CAREFIRST BLUECROSS BLUESHIELD
10455 MILL RUN CIRCLE
OWINGS MILLS MD 21117-9782



Glossary

Here's a quick reference to many of the terms used in this book. For more glossary terms, visit our YouTube channel videos at www.youtube.com/carefirst.

Allowed benefit—the fee that providers in the CareFirst and CareFirst BlueChoice networks have agreed to accept for a particular service. For example: Dr. Smith charges \$100 to see a patient. To be included in a CareFirst or a CareFirst BlueChoice network, he has agreed to accept \$50 for the visit. After the member pays their copay or deductible, CareFirst will pay what's left of the \$50 charge. A participating provider cannot charge a member more than the allowed benefit (in this example \$50) for any covered service.

Coinsurance—the percentage you pay after you've met your deductible. For example, if your health care plan has a 20% coinsurance and the allowed benefit is \$100 (the amount a provider can charge a CareFirst member for that service), then your cost would be \$20. CareFirst would pay the remaining \$80.

Convenience care centers/retail health clinics—tend to be located inside a pharmacy or retail store and offer fast access to treatment for non-emergency care. These centers/clinics offer extended weekend hours and can often see you quickly.

Copay—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you might pay \$40 each time you visit a specialist or \$300 when you visit the emergency room.

Deductible—the amount of money you must pay each year before CareFirst begins to pay its portion of your claims. For example, if your deductible is \$1,000, you'll pay the first \$1,000 for health care services covered by your plan and subject to the deductible. CareFirst will start paying for part or all of the services after that. Your deductible will start over each year on January 1. Please note—many of our plans include a

variety of services that do not require you to meet the deductible before CareFirst begins paying.

Effective date—the date your coverage begins. Individuals applying through CareFirst's site must submit their application by the 15th of the month in order to receive an effective date of the first of the following month.

Generic drugs—prescription drugs that work the same as brand-name drugs but cost much less. Some plans also divide generics into preferred generics and non-preferred generics based on cost. To learn more about generics and how you can save money, visit www.carefirst.com/rx.

Health Savings Account (HSA)—a special, tax-advantaged account that you set up to save money for current and future health care expenses. The deposits you make to your HSA reduce your taxable income, helping you keep more of your hard-earned money. You can use the money you deposit into your HSA to pay the deductible and other out-of-pocket expenses for you, your spouse and your dependents (even if they're not enrolled in your health care plan) or you can save it for future health care expenses. If you have coverage for your spouse or family, the maximum amount that you can contribute to your HSA is even higher and can reduce your taxable income by whatever amount you contribute.

Metal levels—your plan's metal level refers to the rating criteria determined by the federal government. Bronze, Silver, Gold and Platinum are labels that categorize different health plans and represent the portion of services that will be paid for by the plan. Generally, a Bronze plan will cover 60 percent of the cost of all covered services; a Silver plan 70 percent; a Gold plan 80 percent; and a Platinum plan 90 percent.

One other option that's not included in any metal level is BlueChoice Young Adult. This plan is for individuals under age 30.

Non-preferred brand drugs—drugs that are often available in less expensive forms, either as generic or preferred brand drugs. You will pay more for this category of drugs.

Open Enrollment—the only time of year in which individuals are able to enroll or switch health plans without qualifying for a special enrollment period. Individuals applying through CareFirst's website must submit their application by the 15th of the month in order to receive an effective date of the first of the following month.

Out-of-pocket maximum—the most you will have to pay for medical expenses and prescriptions in a calendar year. Your out-of-pocket maximum will start over every January 1. Please note: your monthly premium payments do not count toward your out-of-pocket maximum.

Preferred brand drugs—drugs not yet available in generic form chosen for their effectiveness and affordability compared to alternatives. They cost more than generics but less than non-preferred brand drugs.

Premium—the amount you pay each month for your plan, or policy, based on where you live, number and age of covered family members and the plan you choose.

Primary care provider (PCP)—your health care partner. They know and understand you and your health care needs.

Specialty drugs—the highest priced drugs that may require special handling, administration or monitoring. These drugs may be oral or injectable and are used to treat a serious or chronic condition.

Our commitment to you

CareFirst's privacy practices

The following statement applies to CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield, and to CareFirst BlueChoice, Inc., and their affiliates (collectively, CareFirst).

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 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.

Rights and responsibilities

Notice of Privacy Practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (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. This notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain an additional copy of our Notice of Privacy Practices, go to **www.carefirst.com** and click on *Legal Mandates* at the bottom of the page, click on *Patient Rights & Responsibilities* then click on *Members Privacy Policy*.

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/
CareFirst BlueChoice, Inc.
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.

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

District of Columbia

Medical Necessity Issues:
Department of Health
Office of the General Counsel
Grievance and Appeals Coordinator
825 North Capitol Street, NE, Room 4119
Washington, D.C. 20002
Phone: 202-442-5977 / Fax: 202-442-4797

Issues other than Medical Necessity:
Department of Insurance, Securities, and Banking
810 First Street, NE, Suite 701
Washington, D.C. 20002
Phone: 202-727-8000

For assistance in resolving a billing or payment dispute with the health plan or a health care provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at:

Consumer Protection Division
Office of the Attorney General
441 Fourth Street, NW
Washington, D.C. 20001
Phone: 202-347-3400 TTY: 202-727-3400
Fax: 202-347-8922
website: **www.oag.dc.gov**

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.

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.

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 even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

Our responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for treatment, payment activities and 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.

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.

The following information applies to CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield, and to CareFirst BlueChoice, Inc., and their affiliates (collectively, CareFirst).

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:

For plans underwritten by CareFirst BlueChoice, Inc. and Group Hospitalization and Medical Services, Inc.

**CareFirst BlueCross BlueShield
CareFirst BlueChoice, Inc.
840 First Street, NE
Washington, D.C. 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 prenatal 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.

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.

For its Indemnity and Preferred Provider Organization (PPO) plans, CareFirst of Maryland, Inc. and CareFirst BlueCross BlueShield contract directly with physicians. All physicians are Reimbursed on a discounted fee-for-service basis.

C. Distribution of premium dollars

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

Chart A represents an average for all CareFirst BlueChoice, Inc. HMO accounts based on our annual statement. The ratio of direct medical care expenses to plan administration will vary by account.

Chart C represents an average for all Group Hospitalization and Medical Services, Inc. indemnity accounts based on our annual statement. The ratio of direct medical care expenses to plan administration will vary by account.

Chart A: BlueChoice, Inc.

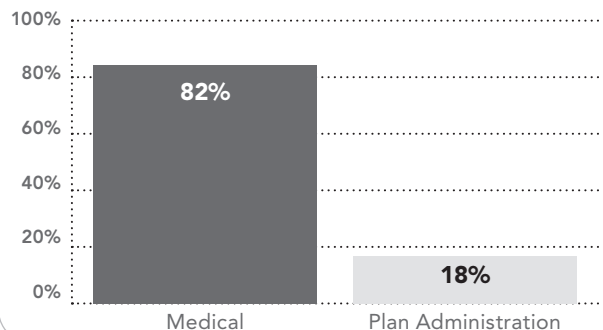
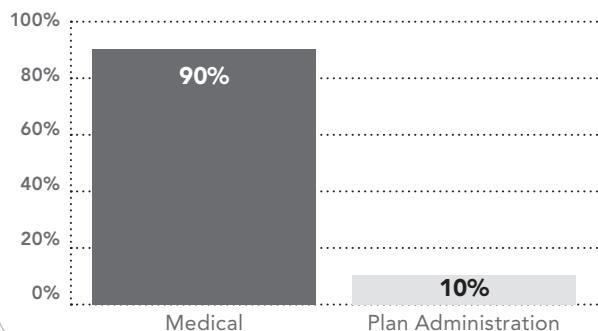


Chart B: Group Hospitalization and Medical Services, Inc.



Experimental/investigational services

Experimental/Investigational means services that are not recognized as efficacious as that term is defined in the edition of the Institute of Medicine Report on Assessing Medical Technologies that is current when the care is rendered. Experimental/Investigational services do not include Controlled Clinical Trials.

Policy Form Numbers:

BlueChoice HMO HSA Bronze \$6,000; BlueChoice HMO HSA Bronze \$6,550; BlueChoice HMO HSA Silver \$1,350 (Base Plan); BlueChoice HMO HSA Silver \$1,350 (73); BlueChoice HMO HSA Silver \$1,350 (87); BlueChoice HMO HSA Silver \$1,350 (94); BlueChoice HMO Young Adult \$6,850

DC/CFBC/EXC/HMO/IEA (1/14) ; DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/ INCENT (1/16); DC/CFBC/EXC/HMO HSA/BRZ 6000 (1/16); DC/ CFBC/EXC/HMO HSA/BRZ 6550 (1/16); DC/CFBC/EXC/HMO HSA/SIL 1350 (1/16); DC/CFBC/EXC/HMO HSA/SIL 1350 73 (1/16); DC/CFBC/EXC/HMO HSA/SIL 1350 87(1/16); DC/CFBC/ EXC/HMO HSA/SIL 1350 94 (1/16); DC/CFBC/EXC/HMO/YA SOB (1/16)

BlueChoice HMO Standard Gold \$500; BlueChoice HMO Standard Platinum \$0; BlueChoice HMO Standard Silver \$2,000 (Base Plan); BlueChoice HMO Standard Silver (94); BlueChoice HMO Standard Silver (87); BlueChoice HMO Standard Silver (73); BlueChoice HMO Standard Bronze \$4,500

DC/CFBC/EXC/HMO/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/ INCENT (1/16); DC/CFBC/EXC/HMO STD/GOLD 500 (1/16); DC/ CFBC/EXC/HMO STD/PLAT 0 (1/16); DC/CFBC/EXC/HMO STD/ SIL 2000 (1/16); DC/CFBC/EXC/HMO STD/SIL 2000 94 (1/16); DC/ CFBC/EXC/HMO STD/SIL 2000 87(1/16); DC/CFBC/EXC/HMO STD/SIL 2000 73 (1/16); DC/CFBC/EXC/HMO STD/BRZ 4500 (1/16)

HealthyBlue HMO Gold \$1,000

DC/CFBC/EXC/HB IN/IEA (1/14); DC/CFBC/SHOP/EXC/DOCS (1/14); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/DOL APPEAL (R. 1/16); DC/CFBC/MEM/BLCRD (1/12); DC/CFBC/PT PROTECT (9/10); DC/CFBC/EXC/2016 AMEND (1/16); DC/CFBC/DB/ INCENT (1/16); DC/CFBC/EXC/HB HMO/GOLD 1000 (1/16)

Blue Cross Blue Shield Preferred \$750, a Multi-State Plan; Blue Cross Blue Shield Preferred \$1,600, a Multi-State Plan (Base Plan); Blue Cross Blue Shield Preferred \$1,600, a Multi-State Plan (73); Blue Cross Blue Shield Preferred \$1,600, a Multi-State Plan (87); Blue Cross Blue Shield Preferred \$1,600, a Multi-State Plan (94)

DC/CF/EXC/MSP/BP/IEA (1/14); DC/CF/MSP/APPEAL (R. 1/16); DC/CF/SHOP/EXC/DOCS (1/14); DC/CF/EXC/NATAMER (1/14) ; DC/CF/MSP/EXCLUSION (1/14); DC/CF/MEM/BLCRD (1/12); DC/CF/ANCILLARY AMEND (10/12); DC/GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10); DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16); DC/CF/EXC/BP/MSP PPO 750 (1/16); DC/CF/EXC/BP HSA/SIL 1600 (1/16); DC/CF/EXC/ BP HSA/ SIL 1600 73 (1/16); DC/CF/EXC/BP HSA/ SIL 1600 87 (1/16); DC/CF/EXC/BP HSA/ SIL 1600 94 (1/16)

BluePreferred PPO Standard Bronze \$4,500; BluePreferred PPO Standard Silver \$2,000 (Base Plan); BluePreferred PPO Standard Silver \$2,000 (73); BluePreferred PPO Standard Silver \$2,000 (87); BluePreferred PPO Standard Silver \$2,000 (94); BluePreferred PPO Standard Gold \$500; BluePreferred PPO Standard Platinum \$0

DC/CF/EXC/BP/IEA (1/14); DC/CF/SHOP/EXC/DOCS (1/14); DC/ CF/EXC/NATAMER (1/14); DC/GHMSI/DOL APPEAL (R. 1/16); DC/ CF/MEM/BLCRD (1/12); DC/CF/ANCILLARY AMEND (10/12); DC/ GHMSI/HEALTH GUARANTEE 1/15; DC/CF/PT PROTECT (9/10); DC/CF/EXC/2016 AMEND (1/16); DC/CF/DB/INCENT (1/16); DC/ CF/EXC/BP STD/BRZ 4500 (1/16); DC/CF/EXC/BP STD/SIL 2000 (1/16); DC/CF/EXC/BP STD/PLAT 0 (1/16); DC/CF/EXC/BP STD/SIL 2000 73 (1/16); DC/CF/EXC/BP STD/SIL 2000 87 (1/16); DC/CF/ EXC/BP STD/SIL 2000 94 (1/16); DC/CF/EXC/BP STD/GOLD 500 (1/16); DC/CF/EXC/BP STD/PLAT 0 (1/16)

BlueDental Preferred HIGH Option:

DC/CF/DB/DENTAL/IEA (1/14); DC/CF/DB/PREF DENT DOCS- SOB (R. 1/15); DC/CF/DB/2015 DENTAL AMEND (REV 1/15); DC/ CF/DB/2016 DENTAL AMEND (1/16); DC/GHMSI/DOL APPEAL (R. 11/11); and any amendments

BlueDental Preferred LOW Option:

DC/CF/DB/DENTAL/IEA (1/14); DC/CF/DB/PREF DENT DOCS- SOB LOW (1/15); DC/CF/DB/2015 DENTAL AMEND (REV 1/15); DC/CF/DB/2016 DENTAL AMEND (1/16); DC/GHMSI/DOL APPEAL (R. 11/11); and any amendments

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

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