



## Consumer Health Insurance Plans 2014

*For People Who Buy  
Their Own Insurance*

**MARYLAND**

# Welcome

In our 75 years of service to your family, friends and neighbors, this is the first time that all of the plans we're offering from CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are brand-new. That's because all 15 of our plans were designed to meet—and have met—the new guidelines of the Affordable Care Act (ACA), or, health care reform.

Because the ACA is new, we know this is the first time anyone will be buying an ACA plan. Everyone will benefit from learning the ACA terms and ideas in the short overview section following this one.

That's why we recommend you read this brief, step-by-step guide from front to back. Written in an easy-to-understand style, it will:

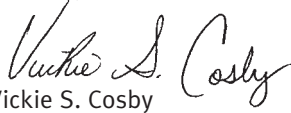
- Explain ACA and how it will affect you
- Define basic health insurance concepts and terms
- Explain new financial help that can lower your costs
- Give you info about ACA Metal Levels
- Provide rate tables so you can calculate your premium
- Give you 3 ways to enroll today

## **The new ACA health care landscape may not be familiar, but CareFirst is.**

We've always been committed to making sure you have the best information, when you need it. If you need more than you find in this book and the accompanying charts, visit **[www.CareFirst.com/individual](http://www.CareFirst.com/individual)** or call us at 800-544-8703, 7 days a week, 8:00 am – 8:00 pm. You can use the same number for our no-charge bi-lingual services, too.

As always, we're here for you.

Sincerely,

  
Vickie S. Cosby  
Vice President, Consumer Direct Sales



### **Ready to go shopping?**

You can also visit us online at **[www.CareFirst.com/individual](http://www.CareFirst.com/individual)** to research and compare plans.



## What’s Inside...

### Get to know the basics

*How health care reform will affect you . . . . . 3*

*What you need to know before you shop . . . . . 5*

### Choosing your CareFirst health care plan

*Understanding your plans. . . . . 9*

*Calculating your total monthly premium . . . . . 15*

*Dental and vision . . . . . 25*

*The rewards of enrolling in HealthyBlue plans . . . . . 31*

*Taking your health to the next level . . . . . 33*

### Enroll today

*Three ways to enroll in your new CareFirst plan . . . . . 35*

### Additional information

*Our commitment to you . . . . . 45*

*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.*



Get to know the basics

# How health care reform will affect you

The Affordable Care Act (ACA), or health care reform, became law in 2010 and will affect the majority of people who buy their own insurance. In addition to requiring nearly everyone to buy health insurance starting in 2014, the ACA will have an impact on almost every other aspect of your health care. That's why you should understand the following basics about the law as you choose your new CareFirst health insurance plan.

- The ACA guarantees that no one can be denied coverage or be charged more because they're sick or because they have a pre-existing medical condition.
- The law also requires that each state's plans *all cover the same core benefits*. So all of the plans you're about to review will offer these **Essential Health Benefits**:
  - Ambulatory patient services
  - Emergency services
  - Maternity & newborn care
  - Hospitalization
  - Prescription drugs
  - Mental health/substance abuse services
  - Laboratory services
  - Rehabilitative/habilitative services & devices
  - Preventive/wellness care
  - Pediatric dental & vision services
- All plans (except Young Adult Catastrophic) must fit into one of 4 **Metal Levels**. Bronze, Silver, Gold & Platinum plans all cover the same benefits, but each level differs in how much of your care you'll pay. You'll find details about all plan types in the next section.
- To help make health insurance more affordable, the federal government offers **Financial Assistance, called Subsidies**. You may qualify if your projected 2014 household income is:
  - less than \$45,960 for an Individual
  - less than \$62,040 for a Family of 2
  - less than \$78,120 for a Family of 3
  - less than \$94,200 for a Family of 4
  - less than \$110,280 for a Family of 5

We used 2013 income levels above to give you an idea of the income levels that may qualify for Subsidies. These levels change slightly each year. You'll find detailed information on [www.CareFirst.com/healthreform](http://www.CareFirst.com/healthreform).

*The next section outlines some other things you should understand, to make choosing your health insurance plan easier.*



# What you need to know before you shop

Now that you have a basic understanding of health care reform (ACA), you should also understand some of the ways it will affect the plans you're about to compare, and what you'll pay.

Before you actually start comparing, spend a few minutes now to make sure you're comfortable with the terms used to describe how plans provide coverage. We've broken it down into two sections: terms related to plans and providers, and financial-related terms.

## Plans & providers

**Provider Network**—CareFirst has a large group or “network” of providers—doctors, hospitals and pharmacies—you receive benefits and services from.

**Plan Types—(HMO, PPO, POS)** refer to how your plan provides coverage and which network of providers you receive care from. The differences have to do with how much freedom you have when choosing providers, balanced with how much of that provider's costs you will have to pay.

- CareFirst's **HMO** plans use the BlueChoice network. When you see any of our more than 28,000 participating providers, you'll save the most money. Except for emergency services, if you go outside of the BlueChoice network, your medical services will not be covered.
- CareFirst's **PPO** plans offer the most choice. You can receive care from the PPO network of more than 34,000 providers locally and thousands nationally. In addition, you can pay slightly more to go out-of-network.
- With our more flexible **POS** plans, your cost depends on which network you get your services in. POS policyholders can see providers:
  - in the HMO network for the most savings
  - in the PPO network and pay slightly more
  - outside of CareFirst's networks, where you'll likely pay charges that exceed CareFirst's Allowed Amount.



### What's in a name?

Our 4 plan names tell you what type of plan it is.

- **BlueChoice** plans are HMO plans
- **BluePreferred** plans are PPO plans
- **HealthyBlue** and **BlueChoice Plus** plans are POS plans

## Paying for coverage & care

**Premium**—the money you pay each month for your plan, or policy, is your premium. Premiums are based on your age, where you live, the family members the plan will cover, and how much of your health care costs the plan pays.

**Allowed Amount**—is the fee that providers in CareFirst’s network have agreed to accept for a particular medical service. CareFirst has negotiated very favorable discounts on medical services for the people we insure. If you see a doctor who is not on your plan’s network who charges more, the difference is your responsibility.

**Cost Sharing**—the portion of your health care costs that your plan doesn’t pay is your share. Generally, the more costs you’re willing to pay, the lower your premiums. The less cost sharing you want to be responsible for, the higher your premiums will be.

Cost sharing is different from your premium. It’s made up of three things:

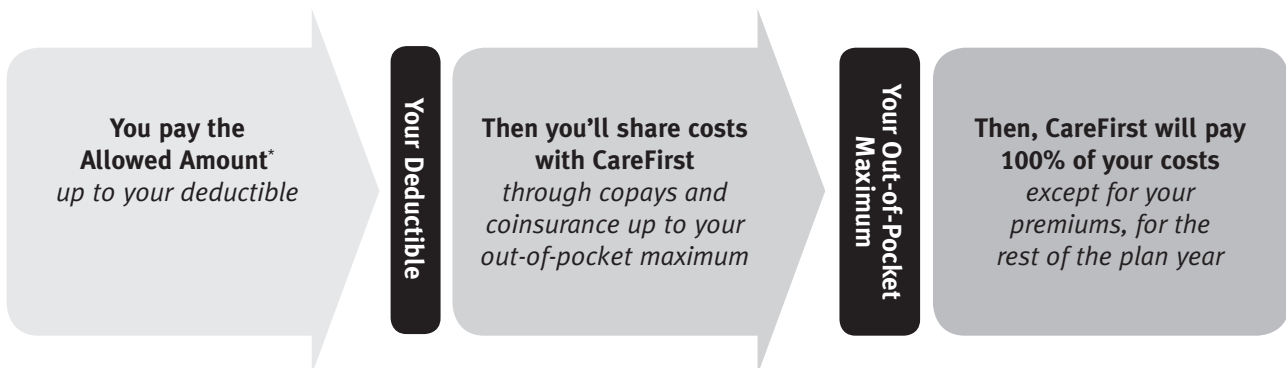
- **Deductible**—is the amount of money you must pay each calendar year before a plan begins paying its portion of your costs. “Meeting your deductible” of \$1,500, for example, means you’ll pay the first \$1,500 for health care services covered by your plan, and then CareFirst will start paying for part or all of the services after that. Only costs based on CareFirst’s Allowed Amount will count toward your deductible.

Look closely at the plan options you are considering. All of them offer no charge preventive care that is not subject to a deductible. Some even cover all primary care visits, urgent care and generic drugs without needing to meet a deductible first.

- **Copayment**—or “copay” is a fixed-dollar amount you pay when you visit a provider, like \$25 when you visit a doctor, or \$100 for a trip to the emergency room. Depending on the plan, you may pay copays before or after you meet your deductible.
- **Coinsurance**—is the percentage you pay of the Allowed Amount after you’ve met your deductible. So if your plan has “20% coinsurance,” you would pay \$20 for a \$100 charge, and CareFirst would pay the remaining \$80.

**Out-of-Pocket Maximum**—is the most you will have to pay in deductibles, copays, coinsurance and prescription drug costs in a calendar year. After that, CareFirst will pay 100% of the Allowed Amount for covered services—except for your premiums—for the rest of that year.

How much will I pay for medical services?



*\*Depending on the plan, you may have coverage for certain services even before you meet your deductible*



**HSA-Compatible Plans**—can help lower your health care costs. HSA stands for Health Savings Account, a tax-deductible account that works like an IRA for health expenses. CareFirst offers five HSA-compatible plans that can help lower health care costs for high-deductible, lower-premium plans. By contributing tax-deductible money (usually the money you save on lower premiums), you build up savings in your HSA that you use to cover you, your spouse and your dependents—even if they are not enrolled in your medical plan.

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

- **Tax Savings**—Your deposits and the interest you earn are tax-free, as is the money you take out to pay for qualified medical expenses.
- **Freedom & Control**—Use the money in your HSA to pay for things like your copays, prescriptions and dental and vision care.
- **Portability**—Your HSA account balance is yours even if you change your health plan or move out of state.
- **Growth**—Balances can grow because they earn interest. You can also use other bank investment services to grow your savings even more.
- **Long-Term Access**—Unused funds roll over and accumulate year to year; there’s no “use it or lose it” rule.
- **Retirement Savings**—When you turn 65, you can use money in your HSA Bank Account as retirement savings, or continue to use it for medical expenses.

**Federal Financial Subsidies**—as you saw in the ACA overview on page 3, there is financial help available for people with certain incomes to help make health care more affordable. There are two kinds of Subsidies available:

- **The Premium Subsidy**—helps reduce monthly premiums, so less of your income is spent on buying health insurance. If you qualify, the money can be sent directly to CareFirst, leaving a smaller premium (if any) for you to pay. You must apply for this Subsidy on Maryland’s

### Paying taxes vs. paying for health care

| For example...                                | \$3,300 without an HSA | \$3,300 in an HSA |
|---|------------------------|-------------------|
| Federal tax (25%)                             | \$825                  | \$0               |
| Maryland tax (5%)                             | \$165                  | \$0               |
| Social Security & Employment Taxes (7.65%)    | \$252                  | \$0               |
| <b>Total taxes paid</b>                       | <b>\$1,242</b>         | <b>\$0</b>        |
| Portion left to pay for your medical expenses | \$2,058                | \$3,300           |
| <b>Tax savings</b>                            | <b>\$0</b>             | <b>\$1,242</b>    |

*For illustration purposes only. Your rates may differ.*

Health Insurance Marketplace (also known as Exchange) and it can only be used to help you pay for a plan purchased on the Marketplace. You can use this Subsidy on any ACA plan except the BlueChoice Young Adult (Catastrophic) plan, discussed in the next section.

- **The Cost-Share Subsidy**—lowers the maximum dollar amount you are required to pay for out-of-pocket expenses. Lowering your maximum means your plan begins paying 100% of your costs earlier than it would have without the help. The Cost-Share Subsidy is available only for Silver Plans bought on the Marketplace.

If you qualify for a Subsidy, you can still purchase a CareFirst plan; you will just have to buy it on the public Marketplace, which, again, is the only place you can apply for Subsidies. To get more detailed information, visit your Marketplace at [www.MarylandHealthConnection.com](http://www.MarylandHealthConnection.com).

## Prescription coverage

All prescription drug charges count toward your out-of-pocket maximums. You'll pay your share in the form of coinsurance or a copay. You'll pay different amounts for different types of drugs (ranked into tiers/categories), with generics costing the least. For example, you can get a 3-month supply of a generic maintenance drug for just 2 copays at our participating retail stores. Learn more at [CareFirst.com/rx](http://CareFirst.com/rx).

**Generic drugs** work the same as brand-name drugs, but cost much less. So you'll pay less to use them. Some plans also divide generics into Preferred Generics and Non-preferred Generics based on cost.

**Preferred Brand drugs** are brand-name medications that are not yet available in generic form, but are chosen for their effectiveness and affordability compared to alternatives. They cost more than Generics, but less than Non-preferred Brand drugs.

- If a Generic drug becomes available, the Preferred Brand drug will be moved to the Non-preferred Brand category.

**Non-preferred Brand drugs** are often available in less-expensive forms, either as Generics or Preferred Brand drugs. You will pay more for this category of drugs.

- **Mandatory Generic Substitution:** If your provider prescribes a Non-preferred Brand drug and you get a Non-preferred Brand drug when a Generic is available, you will pay the Non-preferred Brand copay or coinsurance PLUS the difference between the Generic and Non-preferred Brand drug cost up to the cost of the prescription.



**Specialty drugs** (excluding insulin) often have the highest out-of-pocket cost. In most cases, these are high-cost prescription drugs that may require special handling, administration or monitoring and may be oral or injectable medications used to treat serious or chronic medical conditions.

**You should ask your provider to prescribe a generic drug, or choose a generic version of the prescribed brand-name drug if one is available.**

Again depending on the plan, you may have to meet your plan's deductible before prescription coverage begins (it is "integrated" with your other medical expenses). Other plans have a separate, lower deductible just for drugs, which gives you drug coverage much sooner. We've included an outline of prescription benefits in the fold-out chart that came with this book. Check out line 37 in that chart for details.



Choosing your CareFirst  
health care plan

# Understanding your plans

## What you get with every CareFirst plan

As you review the details of each plan in the following pages, and in the fold-out chart, keep in mind that **all** CareFirst plans feature the following benefits:

- **A vast network of at least 28,000 providers**
- **No charge, no deductible for in-network:**
  - adult physicals
  - well-child exams and immunizations
  - OB/GYN visits
  - cancer screenings including mammograms, pap tests, prostate and colorectal screenings
  - routine pre-natal maternity services
  - preventive maternity services
- **No referrals needed to see a specialist**
- **Over 60,000 pharmacies nationwide**
- **Vision and dental coverage for kids under age 19**
- **No charge, no deductible adult eye exam every 12 months\***
- **24-hour advice by a registered nurse with NurseLine—FirstHelp™**
- **Discounts on contact lenses, laser vision correction surgery and glasses**
- **Exclusive discounts on health and wellness services such as:**
  - weight loss programs
  - discounted gym memberships
  - personal trainers & spa services
  - massage therapy
  - and more (see pages 33–34)
- **Away From Home Care**
  - Some Blues plans offer policyholders living temporarily in other states the same coverage they have at home. See participating states on page 34.

*\* Deductible applies to eye exam in the BlueChoice Young Adult plan only*

## Understanding metal levels

CareFirst's plans within each Metal Level give you choices of networks, different cost-sharing arrangements and, of course premiums. Here's a summary of what you can expect to find in each Metal Level.

- ↑ Highest annual deductibles
- ↓ Lowest monthly premiums
- \$ Three tax-saving HSA options

■ **Bronze Level Plans** feature our lowest premiums for people willing to pay a larger share of their health care costs. Offering a full range of provider networks, our four Bronze plans feature three with a money-saving HSA option. *Premium subsidy option available.*

- ↑ Higher annual deductibles
- ↓ Lower monthly premiums
- \$ Two tax-saving HSA options

■ **Silver Level Plans** combine slightly higher premiums with modest deductibles. Two plans have an HSA option and two cover additional medical services before you meet the plan's deductible. *Premium and cost-share subsidies available.*

- ↓ Lower annual deductibles
- ↑ Higher monthly premiums
- \$ Additional no-cost services

■ **Gold Level Plans** appeal to people who want to pay a higher premium in exchange for a plan with lower deductibles. Three of the four plans feature additional services you can use before having to meet a deductible. *Premium subsidy option available.*

- ↓ No annual deductibles
- ↑ Highest monthly premiums
- \$ Additional no-cost services

■ **Platinum Level Plans** have no deductible, so they begin paying their share of health care costs immediately. Their higher premiums also shrink out-of-pocket maximums to the lowest of any of our plans. *Premium subsidy option available.*

- ↑ High annual deductible
- ↓ Lower monthly premium
- \$ "Safety net" for serious incident

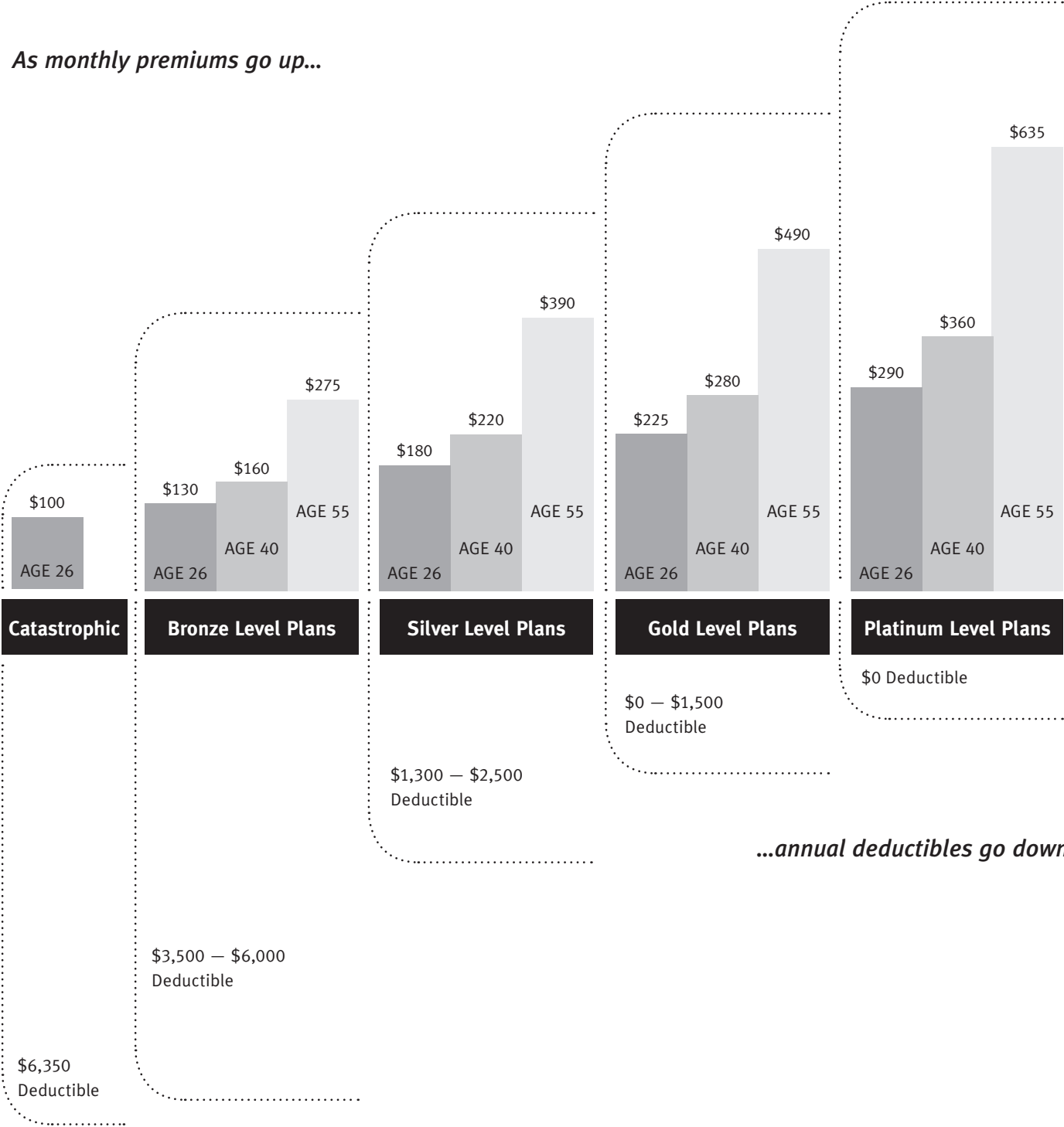
■ While not technically a Metal Level, **BlueChoice Young Adult (Catastrophic Coverage)** is the affordable alternative to living without any health insurance, with premiums of about \$100 a month. Instead of having to pay tens or even hundreds of thousands of dollars that a serious injury or illness could cost, people under age 30\* with this "safety net" plan would have those expenses capped at \$6,350 for the calendar year they occurred in.

\*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.

# Snapshot comparison of plans

Here you can see how each type of plan relates to annual premiums\* and individual annual deductible.

*As monthly premiums go up...*



*...annual deductibles go down.*

\* Rates are based on the average for each plan per metal level and all four geographical regions for the age indicated.

## Narrowing down your selection

This chart shows the features people use most often to compare plans. Use it to find your top 3 or 4 choices—based on plan type or deductible, or specific features like the option to add an HSA account, or out-of-network coverage, coinsurance level...whatever's most important to you. Check the plans you want to find your rates for, which is what awaits in the next section.

|   | Catastrophic                        | Bronze Level Plans               |                                   |                                  |                                     | Silver Level Plans                |                              |
|---|-------------------------------------|----------------------------------|-----------------------------------|----------------------------------|-------------------------------------|-----------------------------------|------------------------------|
| Plan Name   | BlueChoice Young Adult *<br>\$6,350 | BlueChoice HSA Bronze<br>\$6,000 | BlueChoice Plus Bronze<br>\$5,500 | BlueChoice HSA Bronze<br>\$4,000 | BluePreferred HSA Bronze<br>\$3,500 | BlueChoice Plus Silver<br>\$2,500 | BlueChoice Silver<br>\$2,000 |
|  <i>Check to compare plans</i> | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/>         | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>     |
| Plan Type (page 5)  | HMO                                 | HMO                              | POS                               | HMO                              | PPO                                 | POS                               | HMO                          |
| <b>You Pay (page 6)</b>   |                                     |                                  |                                   |                                  |                                     |                                   |                              |
| Individual Deductible   | \$6,350                             | \$6,000                          | \$5,500                           | \$4,000                          | \$3,500                             | \$2,500                           | \$2,000                      |
| Individual Out-of-Pocket Max  | \$6,350                             | \$6,000                          | \$6,350                           | \$6,350                          | \$6,350                             | \$6,350                           | \$6,350                      |
| Coinsurance   | 0%                                  | 0%                               | 20%                               | 30%                              | 20%                                 | 20%                               | 20%                          |
| Copays (PCP/ Specialist)  | \$0                                 | \$0                              | \$35 / \$45                       | \$30 / \$40                      | \$30 / \$40                         | \$20 / \$40                       | \$30 / \$40                  |
| <b>Plan Features</b>  |                                     |                                  |                                   |                                  |                                     |                                   |                              |
| Lower Deductible  |                                     |                                  |                                   |                                  |                                     |                                   |                              |
| Out-of-Network Coverage   |                                     |                                  | ✓                                 |                                  | ✓                                   | ✓                                 |                              |
| Pay no deductible for PCP, urgent care and preferred generics   |                                     |                                  | ✓                                 |                                  |                                     | ✓                                 | ✓                            |
| No-charge and no-deductible for PCP, labs, x-rays and generic drugs   |                                     |                                  |                                   |                                  |                                     |                                   |                              |
| HSA-Compatible (page 8)   |                                     | ✓                                |                                   | ✓                                | ✓                                   |                                   |                              |
| HealthyRewards Program (page 31)  |                                     |                                  |                                   |                                  |                                     |                                   |                              |
| Non-emergency coverage in the U.S. (page 34)  |                                     |                                  | ✓                                 |                                  | ✓                                   | ✓                                 |                              |
| Pediatric Dental  | ✓                                   | ✓                                | ✓                                 | ✓                                | ✓                                   | ✓                                 | ✓                            |

\* 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.

| Silver Level Plans               |                               | Gold Level Plans         |                          |                          |                          | Platinum Level Plans       |                          |
|----------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|
| BluePreferred HSA Silver \$1,500 | BlueChoice HSA Silver \$1,300 | HealthyBlue Gold \$1,500 | BlueChoice Gold \$1,000  | BluePreferred Gold \$500 | BlueChoice Gold \$0      | BluePreferred Platinum \$0 | HealthyBlue Platinum \$0 |
| <input type="checkbox"/>         | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| PPO                              | HMO                           | POS                      | HMO                      | PPO                      | HMO                      | PPO                        | POS                      |
| \$1,500                          | \$1,300                       | \$1,500                  | \$1,000                  | \$500                    | \$0                      | \$0                        | \$0                      |
| \$5,500                          | \$6,350                       | \$3,450                  | \$3,750                  | \$3,750                  | \$6,350                  | \$1,800                    | \$2,000                  |
| 30%                              | 20%                           | 0%                       | 10%                      | 20%                      | 30%                      | 10%                        | 0%                       |
| \$30 / \$40                      | \$30 / \$40                   | \$0 / \$40               | \$20 / \$30              | \$30 / \$40              | \$20 / \$30              | \$20 / \$30                | \$0 / \$30               |
|                                  |                               |                          | ✓                        | ✓                        | ✓                        | ✓                          | ✓                        |
| ✓                                |                               | ✓                        |                          | ✓                        |                          | ✓                          | ✓                        |
|                                  |                               | ✓                        | ✓                        |                          | ✓                        | ✓                          | ✓                        |
|                                  |                               | ✓                        |                          |                          |                          |                            | ✓                        |
| ✓                                | ✓                             |                          |                          |                          |                          |                            |                          |
|                                  |                               | ✓                        |                          |                          |                          |                            | ✓                        |
| ✓                                |                               | ✓                        |                          | ✓                        |                          | ✓                          | ✓                        |
| ✓                                | ✓                             | ✓                        | ✓                        | ✓                        | ✓                        | ✓                          | ✓                        |



## A variety of plans for a variety of needs

Everyone's health insurance needs are different. We know cost is a concern when selecting the best plan for you and your family. But we also know you have specific things you want your plan to cover. As you'll see from these examples, and from our plans, our plans offer the value you've come to expect with the choices you deserve.



*Like most young people, 27-year-old Kyle didn't think about health insurance much. When he found out the law was going to require him to get it, he learned about*

*affordable plans that limit the medical expenses of a serious injury or illness that could cost him tens or hundreds of thousands of dollars. Kyle trusts CareFirst and wants to buy the BlueChoice Young Adult Plan or a Bronze plan if he qualifies for a substantial premium subsidy.*



*Although Amanda is excited to finally be running her own business at age 39, she doesn't get employer-sponsored health insurance like she used to. Amanda*

*decided she is okay paying a little more each month for a low to moderate deductible similar to her old plan. She is going to look at Silver and Gold plans.*



*Cheryl loves her job at the small event-planning company where she's worked for two years. She trusts the owners when they say they'll offer health insurance one day.*

*For now, because she qualifies for both Subsidies, Cheryl is going to get a Silver plan so she can save the most money.*



*Justin and Rose just welcomed twins into the world, so quality health insurance is even more important than it was before. Earning a decent dual income, Justin and*

*Rose like the lower out-of-pocket and deductibles in the Gold plans, but are leaning toward Platinum plans to make sure they get the best coverage for their new family.*



# Dental and vision



## Vision (included)

Every CareFirst health plan includes basic eye-care benefits for everyone covered by your plan. These important benefits are offered to you through our network administrator, Davis Vision. An independent company, Davis Vision does not provide CareFirst products or services, but is the administrator for the products, services and discounts described below.

Included in your CareFirst qualified health plan (age 19 and over):

- One no-charge in-network routine exam<sup>1</sup> per calendar year, or
  - out-of-network exams are reimbursed up to \$40 per calendar year
- If needed, get discounts<sup>2</sup> of approximately 30% on:
  - eyeglass lenses, frames and contacts
  - laser vision correction
  - scratch resistant lens coating & progressive lenses
- No claims to file when you see a Davis Vision provider

For family members up to age 19, our Pediatric vision benefits include:

- One no-charge in-network eye exam per calendar year, or
  - Up to \$40 reimbursement for out-of-network exam per calendar year
- No copay in Davis Vision collection (in network) for:
  - frames and basic spectacle lenses or contact lenses
- Reimbursement for single vision lenses, up to \$40, and frames up to \$70, from an out-of-network provider

For a routine eye exam, just call and make an appointment with one of our many providers. Remember, both the pediatric and adult vision benefits listed above are available to you for no additional charge to your monthly premium. To locate a vision care provider, contact Davis Vision at (800) 783-5602 or visit [www.CareFirst.com/doctor](http://www.CareFirst.com/doctor).

<sup>1</sup> Exam subject to deductible in BlueChoice Young Adult plan only.

<sup>2</sup> As of April 1, 2014, some providers in Maryland may no longer provide these discounts.

## A family approach to dental care

When you buy a CareFirst health plan, you have options to take care of your whole body, including your teeth. We have dental coverage for everyone in your family...starting with the kids, whose dental benefits are a no-charge part of all our plans.

CareFirst offers the four Dental Plans highlighted to the right for family members 19 and older. With affordable premiums, a large network and a range of deductibles and cost-sharing, CareFirst has a dental plan that's right for your family.



### Want more information?

If you want more information on any one of our four optional Dental plans, including an application, just mail in the postage-paid card on the next page.

If you'd rather talk to a Product Consultant, please call (800) 544-8703.

## Pediatric dental (included)

|   | In-Network   | Out-of-Network   |
|---|--|--|
| Member Pays   |  |  |
| Individual Cost Per Day   | Included in your medical plan premium-no additional monthly charge           |  |
| Deductible  | \$25 Individual per calendar year<br>(Applies to Classes II, III & IV)       | \$50 Individual per calendar year<br>(Applies to Classes II, III & IV) |
| Network   | Over 3,600 providers in MD, DC, and Northern VA. 63,000 dentists nationally. |  |
| Preventive & Diagnostic Services (Class I)  | No charge  | 20% of Allowed Amount* (no deductible)                                 |
| Basic Services (Class II) <i>Fillings, simple extractions, non-surgical periodontics</i>      | 20% of Allowed Amount* after deductible                                      | 40% of Allowed Amount* after deductible                                |
| Major Services – Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i> |  |  |
| Major Services – Restorative (Class IV) <i>Inlays, onlays, dentures, crowns</i>               | 50% of Allowed Amount* after deductible                                      | 65% of Allowed Amount* after deductible                                |
| Orthodontic Services (Class V) when medically necessary                                       | 50% of Allowed Amount* no deductible   | 65% of Allowed Amount* 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 upon the CareFirst Allowed Amount. Participating dentists accept 100% of the CareFirst Allowed Amounts as payment in full for covered services. Non-participating dentists may bill the member for any amount over the Allowed Amount. Providers are not required to accept CareFirst's Allowed Amounts 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 Amount, but are not required to do so. Please talk with your dentist about your cost for any dental services.

## Optional dental plans

All CareFirst medical plans provide you with Pediatric Dental benefits. To get dental coverage for adult members aged 19 and older on your policy, you can choose from four dental plans: Dental HMO, Preferred Dental, BlueDental Preferred and Preferred Dental Plus.

|   | Dental HMO                                    | Preferred Dental                                | BlueDental Preferred  | Preferred Dental Plus   |
|---|---|---|---|---|
|   | In-Network Only                               | In-Network                                      | In-Network  | In-Network  |
|   | Out-of-Network Coverage available             |   |   |   |
|   | <b>Member Pays</b>                            |   |   |   |
| Individual Cost Per Day   | Less than \$.35                               | Less than \$.50                                 | Less than \$1.00  | Less than \$1.30  |
| Deductible  | None  | None  | \$25 Individual/\$75 Family (Applies to Classes II, III & IV) per calendar year | \$25 Individual/\$75 Family (Applies to Classes II, III & IV) per contract year |
| Network   | Over 580 providers in MD, DC, and Northern VA | Over 3,600 providers in MD, DC, and Northern VA | Over 3,600 providers in MD, DC, and Northern VA<br>63,000 dentists nationally   |   |
| Preventive & Diagnostic Services (Class I)  | \$20 copay per office visit                   | No charge                                       | No charge   | No charge   |
| Basic Services (Class II) <i>Fillings, simple extractions, non-surgical periodontics</i>      | \$20-\$70 copay per office visit              | Not covered                                     | 20% of Allowed Amount* after deductible   | 20% of Allowed Amount* after deductible   |
| Major Services – Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i> | Copays per service                            |   |   | 20% of Allowed Amount* after deductible & 12 month Benefit Waiting Period       |
| Major Services – Restorative (Class IV) <i>Inlays, onlays, dentures, crowns</i>               |   |   | 50% of Allowed Amount* after deductible   | 50% of Allowed Amount* after deductible & 12 month Benefit Waiting Period       |
| Orthodontic Services (Class V)  |   |   | Child: \$2,500 per member / Adult: \$2,700 per member                           | 50% of Allowed Amount* (no deductible) when medically necessary                 |

Please note: Annual benefit maximums apply to some plans. The benefit summary above is incomplete 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 Amount. Participating dentists accept 100% of the CareFirst Allowed Amounts as payment in full for covered services. Non-participating dentists may bill the member for any amount over the Allowed Amount. Providers are not required to accept CareFirst's Allowed Amounts 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 Amount, but are not required to do so. Please talk with your dentist about your cost for any dental services.

For BlueDental Preferred  
and Preferred Dental Plus, you can apply online!  
Go to:  
[www.CareFirst.com/individual](http://www.CareFirst.com/individual)



# The rewards of enrolling in HealthyBlue plans

We're proud our health insurance plans are there when our policyholders need them. But we're just as proud to create exclusive programs like HealthyBlue that promote, inform, encourage and actually reward you for taking an active role in living a healthy lifestyle.

More and more people are choosing our HealthyBlue plans because they actually get a financial reward for committing to living a healthier lifestyle. If you choose our HealthyBlue Gold \$1,500 or our HealthyBlue Platinum \$0 plan, you can earn a gift card that you can use to pay your premium, deductible, gym memberships, athletic equipment and other fitness-related items.

Each year with a HealthyBlue plan, you can earn a Healthy Reward gift card worth \$200 per adult, or up to \$500\* per family. To qualify, HealthyBlue plan members:

- Choose a CareFirst BlueChoice PCP
- Take an online Health Assessment
- Complete a Health and Wellness Evaluation with their PCP

As you can see, Healthy Rewards is a simple process. But the benefits are far greater than a gift card. Because the gift of better health can last a lifetime.

Learn more about Healthy Rewards at [www.CareFirst.com/healthyblue](http://www.CareFirst.com/healthyblue) for a full list of eligible items.



HealthyBlue plan holders can use the Healthy Reward they earn on everything from:

|              |    |                       |
|--------------|----|-----------------------|
| Hearing aids | to | hunting gear          |
| Blood tests  | to | boys' or girls' camps |
| Eldercare    | to | exercise equipment    |
| Dental xrays | to | diet workshops        |
| BP monitors  | to | bicycle parts         |

See the full list at [www.CareFirst.com/healthyblue](http://www.CareFirst.com/healthyblue)

**HealthyBlue**  
Focused on you.

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





# Taking your health to the next level

CareFirst believes everyone has a vibrant, healthy person inside them. And whether you've been healthy all your life, or simply aspire to be, our renowned Health & Wellness program offers the information, inspiration and communication you need to look great, feel great and to be great! CareFirst offers a community like no other for you to reach your health and wellness goals. Here are some of the ways we do it.

## Healthy deals

Blue365 is an exciting program that offers exclusive health and wellness deals to keep you healthy and happy, every day of the year. Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating and more.

Visit [www.CareFirst.com/wellnessdiscounts](http://www.CareFirst.com/wellnessdiscounts) for the latest deals.

## 24/7 access to a registered nurse

You can't always plan when you'll need a trusted answer to a health care questions. With Nurse Line—First Help™, you can plan on having a nurse answer your call to help guide you to the best care for the situation. You deserve to have a reliable answer to your questions. When you call 800-535-9700, that's exactly what you'll get.

## The info you need, at your fingertips

CareFirst gives you a world of valuable information online at [www.CareFirst.com/mycarefirst](http://www.CareFirst.com/mycarefirst). More than 300 interactive health tools are waiting for you, as well as 400+ podcasts, searchable recipes, video, tutorials and an encyclopedia with info on more than 3,000 conditions.



## Keep track of your health with our Pedometer App

If you've got an iPhone, iPod Touch or Droid, you've got a powerful way to control your weight, reduce stress, strengthen your heart and lungs and improve bone density. The free *Ready, Step, Go!* App counts your steps, distance traveled and calories burned. Search for it on your favorite app store.



## Stay in the know

*Vitality Magazine* has tools to help you achieve a healthier lifestyle. Three times a year you'll get info on health and wellness topics, updates to your health plan, articles about nutrition, preventive health, physical fitness and more...all free of charge! [www.CareFirst.com/vitality](http://www.CareFirst.com/vitality).

## Wellness in your Inbox

Want even more frequent news you can use to be the healthiest you ever? Every month, we'll send you more articles and recipes, personalized to the areas of interest you choose when you sign up online at [www.CareFirst.com/healthnews](http://www.CareFirst.com/healthnews).

### Health Coaching by phone

Some of us achieve our goals faster with the help and encouragement of another person. Our Telephone Health Coaching program will give you confidence as you learn new and positive lifestyle behaviors. You can get your coaching through a secure, private Web-based message board and by phone to develop a personalized plan with milestones along the way to achieving your goals. Everyone needs a coach now and then. Yours is waiting for you.

### Away from home care

You and your family have access to routine and urgent care when you're away from home for more than 90 consecutive days in these participating states: Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Texas, Virginia, and Wisconsin.

### Account info to go!

The free *My Account* mobile app puts the account information you need just a tap or swipe away. It lets you take a more active role in managing your care, accessing your claims info and having an easy backup view of your ID card. It's also a quick way to find a doctor or urgent care provider when you need one fast. Optimized for smartphones and tablets, you'll find the *My Account* app in your favorite app store: just do a search for "CareFirst" and you'll be set!

### Staying connected

We've been committed to being an active part of your community for more than 75 years, and that includes the online communities you spend time in. Join our 10,000+ Facebook followers and contribute to our vibrant Twitter community to get the latest information on health care reform, healthy recipes, wellness tips, fitness challenges and great prizes—directly to your news feed. Or check us out on YouTube to learn about the basics of health care reform and how it will impact you.





Enroll today

# Three ways to enroll in your new CareFirst plan

At this point, you should have decided on the CareFirst plan that's best for your needs. You're almost done!

There are three ways you can enroll for your new plan:

- Enroll online at:
  - [www.CareFirst.com/individual](http://www.CareFirst.com/individual)It's fast and you'll get an instant confirmation.
- Use this paper application and mail it to us in the pre-paid envelope. We'll mail you a confirmation.
- Enroll through your broker.

When you're ready to review a listing of providers, visit [www.CareFirst.com/findadoc](http://www.CareFirst.com/findadoc). If you'd prefer a printed directory, give us a call and we'll send you one.

If you're still undecided about which CareFirst plan is best for you, give one of our Product Consultants a call at (410) 356-8000 or toll free at (800) 544-8703, 7 days a week, 8:00 am – 8:00 pm.

## Need language assistance?

You can use the same number for our no-charge bi-lingual services.



## Ready to buy your CareFirst plan with financial assistance?

To apply for a plan with Subsidies you must contact Maryland Health Connection. When enrolling through Maryland Health Connection be sure to check your effective date.

## When your coverage will start

The effective date is the date your coverage begins when you enroll through CareFirst only.

| <i>Enroll:</i>    | <i>For effective date of:</i> |
|-------------------|-------------------------------|
| Oct. 1 – Dec. 20  | Jan. 1, 2014                  |
| Dec. 21 – Jan. 20 | Feb. 1, 2014                  |
| Jan. 21 – Feb. 20 | Mar. 1, 2014                  |
| Feb. 21 – Mar. 20 | Apr. 1, 2014                  |
| Mar. 21 – Mar. 31 | May 1, 2014                   |

## Paying for your plan

Payment is due before your effective date in order for your coverage to begin.

| <i>If you enroll through:</i> | <i>Send your first premium:</i>           |
|-------------------------------|---|
| The CareFirst site            | before your effective date                |
| This paper form               | within 30 days<br>(we'll mail you a bill) |
| Maryland's Exchange           | within 30 days of enrollment              |

## Convenient e-Billing

When you set up automated recurring monthly premium payments, your first payment will be sent to CareFirst automatically. You can also set it up in Section 7 of this application or online at [www.CareFirst.com/myaccount](http://www.CareFirst.com/myaccount) where you'll be able to view and pay bills and monitor payments 24/7.

**IMPORTANT NOTE: The new law says that everyone must have full health coverage that meets ACA requirements at all times. A lapse in coverage longer than three months could mean you have to pay a penalty. You may have to pay a penalty for any days you are uninsured after March 31, 2014 which is when Open Enrollment ends.**



Additional information

# 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 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](http://www.CareFirst.com).

## Rights and responsibilities

### Notice of Privacy Practices

CareFirst BlueCross BlueShield (CareFirst) is 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  
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:

#### Maryland

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

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

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:

Health Education and Advocacy Unit  
Consumer Protection Division  
Office of the Attorney General  
200 St. Paul Place, 16<sup>th</sup> Floor, Baltimore, MD 21202  
Phone: (410) 528-1840 or (877) 261-8807  
Fax: (410) 576-6571  
web site: **www.oag.state.md.us**

### Hearing Impaired

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

Maryland Relay Program: (800) 735-2258 National Capital Area TTY: (202) 479-3546. *Please have your Member Services number ready.*

## Language Assistance

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

**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](mailto: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.*

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

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

### A. Methods of Paying Physicians

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

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

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

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

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

Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is

paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones' monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.

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

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

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

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

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

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

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

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

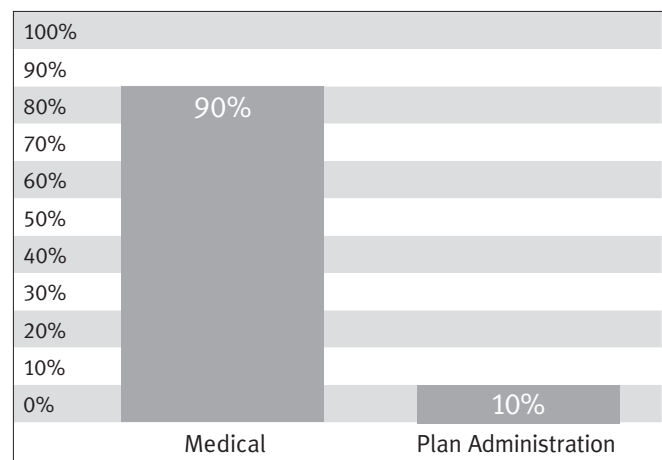
## B. Percentage of Provider Payment Methods

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

## C. Distribution of Premium Dollars

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

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



## 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 NUMBERS:**

**CAT:** MD/CFBC/CAT/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/HMO/DOCS (1/14); MD/CFBC/EXC/HMO/CAT SOB (1/14)

**BluePreferred HSA Bronze \$3,500:** MD/CF/BP/IEA (1/14); MD/GHMSI/DOL APPEAL (R. 9/11); MD/CF/EXC/BP/DOCS (1/14); MD/CF/EXC/BP/BRZ SOB (1/14); CFMI/BP/IEA (1/14); CFMI/DOL APPEAL (R. 9/11); CFMI/EXC/BP/DOCS (1/14); CFMI/EXC/BP/BRZ SOB (1/14)

**BlueChoice HSA Bronze \$4,000:** MD/CFBC/HMO/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/HMO/DOCS (1/14); MD/CFBC/EXC/HMO HSA/4000 BRZ SOB (1/14)

**BlueChoice Plus Bronze \$5,500:** MD/CFBC/EXC/BC+ IN/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/BC+ IN/DOCS (1/14); MD/CFBC/EXC/BC+ IN/BRZ SOB (1/14); MD/CF/BC+ OON/IEA (1/14); MD/GHMSI/DOL APPEAL (R. 9/11); MD/CF/EXC/BC+ OON/DOCS (1/14); MD/CF/EXC/BC+ OON/BRZ SOB (1/14); CFMI/EXC/BC+ OON/IEA (1/14); CFMI/DOL APPEAL (R. 9/11); MD/CF/EXC/BC+ OON/DOCS (1/14); CFMI/EXC/BC+ OON/BRZ SOB (1/14)

**BlueChoice HSA Bronze \$6,000:** MD/CFBC/HMO/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/HMO/DOCS (1/14); MD/CFBC/EXC/HMO HSA/6000 BRZ SOB (1/14)

**BlueChoice HSA Silver \$1,300:** MD/CFBC/HMO/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/HMO/DOCS (1/14); MD/CFBC/EXC/HMO HSA/SIL SOB (1/14); MD/CFBC/EXC/HMO/SIL SOB (1/14)

**BluePreferred HSA Silver \$1,500:** MD/CF/BP/IEA (1/14); MD/GHMSI/DOL APPEAL (R. 9/11); MD/CF/EXC/BP/DOCS (1/14); MD/CF/EXC/BP/SOB (1/14); CFMI/EXC/BP/IEA (1/14); CFMI/DOL APPEAL (R. 9/11); CFMI/EXC/BP/DOCS (1/14); CFMI/EXC/BP/SIL SOB (1/14)

**BlueChoice Silver \$2,000:** MD/CFBC/HMO/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/HMO/DOCS (1/14); MD/CFBC/EXC/HMO HSA/SIL SOB (1/14); MD/CFBC/EXC/HMO/SIL SOB (1/14)

**BlueChoice Plus Silver \$2,000:** MD/CFBC/BC+ IN/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/BC+ IN/DOCS (1/14); MD/CFBC/EXC/BC+ IN/SIL SOB (1/14); MD/CF/BC+ OON/IEA (1/14); MD/GHMSI/DOL APPEAL (R. 9/11); MD/CF/EXC/BC+ OON/DOCS (1/14); MD/CF/EXC/BC+ OON/SIL SOB (1/14); CFMI/BC+ OON/IEA (1/14); CFMI/DOL APPEAL (R.9/11); CFMI/EXC/BC+ OON/DOCS (1/14); CFMI/EXC/BC+ OON/SIL SOB (1/14)

**BlueChoice Gold \$0:** MD/CFBC/HMO/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/HMO/DOCS (1/14); MD/CFBC/EXC/HMO/GOLD 0 SOB (1/14)

**BluePreferred Gold \$500:** MD/CF/BP/IEA (1/14); MD/GHMSI/DOL APPEAL (R. 9/11); MD/CF/EXC/BP/DOCS (1/14); MD/CF/EXC/BP/GOLD SOB (1/14); CFMI/BP/IEA (1/14); CFMI/DOL APPEAL (R. 9/11); CFMI/EXC/BP/DOCS (1/14); CFMI/EXC/BP/GOLD SOB (1/14)

**BlueChoice Gold \$1,000:** MD/CFBC/HMO/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/HMO/DOCS (1/14); MD/CFBC/EXC/HMO/GOLD 1000 SOB (1/14)

**HealthyBlue Gold \$1,500:** MD/CFBC/HB IN/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/HB IN/DOCS (1/14); MD/CFBC/EXC/HB IN/GOLD SOB (1/14); MD/CF/HB OON/IEA (1/14); MD/GHMSI/DOL APPEAL (R. 9/11); MD/CF/EXC/HB OON/DOCS (1/14); MD/CF/EXC/HB OON/GOLD SOB (1/14); CFMI/HB OON/IEA (1/14); CFMI/DOL APPEAL (R. 9/11); CFMI/EXC/HB OON/DOCS (1/14); CFMI/EXC/HB OON/GOLD SOB (1/14)

**HealthyBlue Platinum \$0:** MD/CFBC/HB IN/IEA (1/14); MD/CFBC/DOL APPEAL (R. 9/11); MD/CFBC/EXC/HB IN/DOCS (1/14); MD/CFBC/EXC/HB IN/PLAT SOB (1/14); MD/CF/HB OON/IEA (1/14); MD/GHMSI/DOL APPEAL (R. 9/11); MD/CF/EXC/HB OON/DOCS (1/14); MD/CF/EXC/HB OON/PLAT SOB (1/14); CFMI/HB OON/IEA (1/14); CFMI/DOL APPEAL (R. 9/11); CFMI/EXC/HB OON/DOCS (1/14); CFMI/EXC/HB OON/PLAT SOB (1/14)

**BluePreferred Platinum \$0:** MD/CF/BP/IEA (1/14); MD/GHMSI/DOL APPEAL (R. 9/11); MD/CF/EXC/BP/DOCS (1/14); MD/CF/EXC/BP/PLAT SOB (1/14); CFMI/BP/IEA (1/14); CFMI/DOL APPEAL (R. 9/11); CFMI/EXC/BP/DOCS (1/14); CFMI/EXC/BP/PLAT SOB (1/14)

AND ANY AMENDMENTS.

CareFirst BlueCross BlueShield  
CareFirst BlueChoice, Inc.  
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Owings Mills, MD 21117-5559

[www.carefirst.com](http://www.carefirst.com)



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