



**BluePreferred HIPAA**

*Northern Virginia*




## Welcome to a healthy relationship.

One where everyone is committed to keeping you healthy.

*You* take steps to live well, exercise regularly and eat well. And see your primary care doctor early enough to catch problems when they are most treatable.

**Your Doctor**, who knows you best, understands how to keep you well and, if you get sick, can get you back on the road to good health.

CareFirst  —there when you need us most. And there every day encouraging a healthy lifestyle and an active relationship with your primary care doctor.

*You* + Your Doctor + CareFirst   
a healthy relationship

# Welcome

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*We are pleased to offer you enrollment in our BluePreferred HIPAA health plan. BluePreferred HIPAA combines the freedom to choose any doctor or specialist — **without a referral** — with the flexibility to customize your plan. And to help you control those out-of-pocket costs, we offer you significant savings when you visit a doctor within the CareFirst PPO Network.*

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Because this is a HIPAA plan, you can enroll without a medical exam, waiting period or answering any health questions under certain situations.

Take a look at the benefits BluePreferred HIPAA can offer you and your family:

- Pay nothing—not even a copay—for in-network preventive care visits and screenings.
- Select from six plans—find the one right for you.
- Receive vision care benefits.
- Choose from over 33,000 doctors and specialists and 68 hospitals in Northern Virginia, Maryland and Washington DC.
- Enjoy a prescription drug discount program.
- Add dental benefits to enhance your health plan.
- Receive care while out of town with the Blue Cross Blue Shield BlueCard Program.

BluePreferred HIPAA, a Preferred Provider Organization (PPO) plan, is offered by CareFirst BlueCross BlueShield (CareFirst) and is open to Northern Virginia residents under the age of 65 or over the age of 65 and not receiving Medicare benefits.



# What is HIPAA?



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

After you leave a group plan, you will receive a “Certificate of Creditable Coverage,” which lists the amount of time you were in a policyholder health insurance plan. This can be used to eliminate the need for completing a medical questionnaire and reduce a pre-existing waiting period (which could be up to 12 months) when applying for individual coverage.

## Applying for Coverage

To enroll in HIPAA coverage you must submit a completed application and Certificate of Creditable Coverage. **You and your covered dependents may enroll** if all of the following criteria are met:

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

- You have elected and exhausted health insurance benefits through a COBRA or similar group, state or federal continuation plan, including the Federal Employee Health Benefits Program (FEHBP), FEHBP Temporary Continuation of Coverage (TCC) or state continuation coverage, if available.
- You must have no more than a 63-day break in coverage.
- You must not be eligible for Medicare A or B, Medicaid, or any other employer-sponsored plan.
- You must not be covered by any other health insurance plan.
- You must not have had prior insurance coverage terminated because of the applicant’s failure to pay the required premium or fraudulent/intentional misrepresentations made by the applicant.

If you do not qualify for HIPAA coverage at this time, please call our Product Specialist at (800) 544-8703. They can assist you with finding a comparable medically underwritten plan that may be available to you.

# How the Plan Works



*As a member, you'll be able to count on the negotiating power of CareFirst by receiving discounts on medical care, prescriptions and a host of other programs designed to help you stay healthy.*

## In-Network—Biggest savings to you

Use CareFirst Preferred Providers and save the most money. By choosing a Preferred Provider, you'll receive the maximum benefits and limit your out-of-pocket expenses. When you visit a Preferred Provider and present your CareFirst card you can:

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

## Out-of-Network—Higher costs with greater flexibility

One of the biggest benefits of BluePreferred HIPAA is that you can visit any doctor or specialist. But, if you choose to visit a provider outside of our network, including behavioral health care providers, you'll pay more because of the out-of-network deductible and coinsurance. Also, you may be responsible for:

- Paying the doctor's actual charge at the time you receive care.
- Filing your claim for reimbursement.
- Balance billing charges. This means your doctor may charge you more than the rate that has been negotiated by CareFirst with our in-network providers.

Ask your doctor if they participate in our PPO network or search for them on our website at [www.carefirst.com/doctor](http://www.carefirst.com/doctor).

### Meeting Your Deductible

You have an annual deductible to meet. Unlike many other insurance plans, your deductible is included as part of your out-of-pocket limit. The out-of-pocket limit is the most an individual on your plan spends toward coinsurance and deductibles per year. *Remember, the deductible is not required for in-network preventive care.*

Each member must meet his/her individual deductible, though families never pay more than 2 times the individual deductible.

Then, CareFirst pays a percentage of the allowed benefit for covered services and you pay the difference up to your out-of-pocket limit. Expenses that count toward your

out-of-pocket limit include the in- and out-of-network deductibles, copayments and coinsurance amounts. Please note that prescription drug benefits are subject to separate deductibles and copayments.

After you meet your out-of-pocket limit, BluePreferred HIPAA pays 100% of the allowed benefit for covered services for the remainder of the calendar year. There is no lifetime maximum.

**Allowed Benefit is the amount CareFirst has agreed to pay for a covered service.**

Deductibles, Coverage Levels and Out-of-Pocket Limits Per Individual					
Your Deductible		Your Coverage Level		Your Out-of-Pocket Limit	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$100	\$300	90%	70%	\$2,500	\$5,000
\$300	\$600	90%	70%	\$2,500	\$5,000
\$300	\$600	80%	60%	\$2,500	\$5,000
\$500	\$1,000	80%	60%	\$2,500	\$5,000
\$750	\$1,500	80%	60%	\$3,500	\$7,000
\$2,500	\$5,000	80%	60%	\$5,000	\$7,500

*The more you share in the cost of the coverage through higher deductibles and coinsurance payments, the lower your monthly premium. You decide how much of the plan's cost you want to share through deductibles and coinsurance.*

# Summary of Benefits

Medical Benefits You Pay (In Network)	\$100 Individual Deductible	\$300 Individual Deductible	\$300 Individual Deductible	\$500 Individual Deductible	\$750 Individual Deductible	\$2,500 Individual Deductible
<b>COINSURANCE (In Network)</b>	90%/10%		80%/20%			
<b>PREVENTIVE SERVICES</b>						
Routine Adult Physical	No charge/ No Deductible		No charge/ No Deductible			
Well-Child Care (including exams and immunizations)	No charge/ No Deductible		No charge/ No Deductible			
Routine OB/GYN Visits	No charge/ No Deductible		No charge/ No Deductible			
PAP test, Mammograms, Prostate Screening & Colorectal Screening	No charge/ No Deductible		No charge/ No Deductible			
<b>OFFICE VISITS, LABS AND TESTING</b>						
Office Visits (excluding preventive care)	\$25 copay per visit (no deductible)		\$25 copay per visit (no deductible)			
X-ray and Lab Tests	10% Coinsurance after Deductible		20% Coinsurance after Deductible			
Allergy Treatments	\$5 copay (no deductible)		\$5 copay (no deductible)			
<b>EMERGENCY CARE</b>						
Emergency Room	\$50 copay plus 10% Coinsurance after Deductible		\$50 copay plus 20% Coinsurance after Deductible			
<b>HOSPITALIZATION</b>						
Inpatient Facility Services (including maternity labor and delivery)	10% Coinsurance after Deductible		20% Coinsurance after Deductible			
Inpatient Physician Services	10% Coinsurance after Deductible		20% Coinsurance after Deductible			
Inpatient/Outpatient Surgery	10% Coinsurance after Deductible		20% Coinsurance after Deductible			
Physical Therapy	10% Coinsurance after Deductible		20% Coinsurance after Deductible			
<b>OUTPATIENT MENTAL HEALTH COVERAGE</b>	Visits 1-5: 10% Coinsurance after deductible Visits 6-20: 50% Coinsurance after deductible.		Visits 1-5: 20% Coinsurance after deductible Visits 6-20: 50% Coinsurance after deductible			
<b>VISION SERVICES</b>						
Routine Annual Exam (administered by Davis Vision)	\$10 copay (no deductible)		\$10 copay (no deductible)			
<b>PRESCRIPTION DRUG BENEFITS</b>						
Deductible	\$100		\$100			
Preferred Preventive Drugs	\$0 copay, not subject to the deductible		\$0 copay, not subject to the deductible			
Generic Copay	\$10 copay		\$10 copay			
Preferred Brand Copay	\$25 copay		\$25 copay			
Non-Preferred Brand Copay	\$45 copay		\$45 copay			

Self-injectable drugs are covered at a 50% coinsurance up to a maximum member copayment of \$75 per covered injectable medication and are subject to the annual benefit maximum.

## Summary of Benefits & Coverage

As required by the Affordable Care Act, all health insurers will provide potential health plan participants the following standardized forms:

- A Summary of Benefits and Coverage (SBC) summarizing the key features of the plan.
- A Uniform Glossary of Coverage and Medical Terms commonly used in health insurance coverage.

To view these documents, please visit [www.carefirst.com/individual](http://www.carefirst.com/individual). Once you enter your zip code, gender and date of birth, you will be directed to a quoting page where you can view and compare plans. Look for the *Summary of Benefits & Coverage* link for each plan by clicking on the plan name and scrolling to the bottom of the webpage.

If you have any questions, please call your broker or one of our Product Specialists at (410) 356-8000 or toll-free at (800) 544-8703 Monday–Friday, 8 a.m. – 8 p.m.



### Prescription Drug Benefits

Prescription drug coverage is included in your health care plan. Once you have met your prescription drug deductible, your 3-Tier program covers up to a 30-day supply of non-maintenance medication and up to a 90-day supply of maintenance medication. In addition, you can receive a 31 to 90-day supply for just 2 copays. Prescription drugs must be filled through a retail pharmacy or the Walgreens\* mail service pharmacy.

You can use your card at more than 62,000 participating chain and independent pharmacies. And when you visit a participating pharmacist there are no claim forms to file.

Your prescription drug coverage includes Generic drugs for \$10 copays, Preferred Brand drugs for \$25 copays and Non-Preferred Brand drugs for \$45 copays. Additionally, we offer preferred preventive drugs at no cost. A preferred preventive drug is a medication prescribed by a doctor under a written prescription, in one of these five categories—aspirin, folic acid, fluoride, iron supplements and smoking cessation as well as medications or other items included in the comprehensive guidelines for women's preventive health.

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

### Optional Extended Maternity Services

You may choose to add maternity and prenatal care coverage to your policy (for yourself or your covered spouse). For an additional \$126 a month, you will receive benefits for covered pre-and post-natal care as well as covered inpatient physician services associated with the delivery. If you add maternity coverage at any time following your initial enrollment in BluePreferred HIPAA, there will be a 10-month waiting period for maternity benefits.



### BlueCard® Program Features

*Taking your benefits with you when you travel.*

With BluePreferred, getting access to care while out of town is as easy as presenting your CareFirst BlueCross BlueShield identification card. Providers, hospitals and urgent-care facilities who participate with the local Blue Cross Blue Shield PPO plan — wherever you are in the U.S. — will recognize and honor your card. Need help finding a provider? Just call the BlueCard® phone number listed on your CareFirst ID card for personal assistance.

# Dental and Vision



## Dental *(Optional)*

Regular preventive dental care is an important part of staying healthy. We offer three dental options in the **Individual Select** family of products: **Dental HMO**, **Preferred Dental**, and **Preferred Dental Plus**.

**Dental HMO** offers you dental care with lower, predictable copayments for routine and major dental services such as preventive and diagnostic dental care, surgical extractions, root canal therapy and orthodontic treatment.

As a member of our Dental Health Maintenance Organization (Dental HMO) plan, you'll select a general dentist from a network of 580+ participating providers to coordinate all of your dental care needs. When specialized care is needed, your general dentist will recommend a specialist within the Dental HMO network.

**Preferred Dental** offers a larger dental network of over 4,000 participating providers, 100% coverage for preventive and diagnostic dental care, and potential in-network savings for major procedures. And, there are no deductibles to meet.

**Preferred Dental Plus** provides coverage for an extensive range of basic and major dental services, including no charge oral exams, cleanings and X-rays when you visit network providers. With Preferred Dental Plus, you can

choose from more than 3,600 network general dentists and specialists and have access to a national dental network which includes 74,000 dental providers across the country.

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

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

## Vision *(Included)*

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

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

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



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

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### **Options / Blue365 Discount Programs**

As a member, you have access to discounts on fitness centers, acupuncture, spas, massages, chiropractic care, nutritional counseling, laser vision correction, and more! Visit [www.carefirst.com/options](http://www.carefirst.com/options) to learn more.

### **Nurse Line – FirstHelp™**

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

### **My Care First Website**

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

## **Pedometer App**

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

## **Vitality Magazine**

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

## **Health News**

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

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

## **Telephonic Health Coaching**

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

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

## **Online Health Coaching**

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

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

## **Health Advising**

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

# Apply Today for BluePreferred HIPAA



## Pay Your Premium Online with eBilling!

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

With eBilling, you can:

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

You can set up your eBilling account on your application or through *My Account* located at [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount).

*Applying for a BluePreferred HIPAA plan is easy. Select one of the three ways to apply from the list below.*

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## Three ways to apply!

Please keep in mind that each family member applying must be a resident of Northern Virginia and live in the city of Alexandria or Fairfax, the town of Vienna, Arlington County, or the areas of Fairfax and Prince William counties lying east of Route 123.

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

**Please Note:** Certificates of Creditable Coverage must accompany the application for each HIPAA-eligible individual.

- You must request Certificates from your former employer.
- If these Certificates are not included with your application, you will be denied coverage in BluePreferred HIPAA.



### Steps to apply.

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

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

#### 2. Choose a coverage type. Select from:

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

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

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

#### 3. Choose a plan. Select from 6 options:

- Our \$100 (In-Network) / \$300 (Out-of-Network) Individual Deductible option (90%/70% coinsurance)
- Our \$300 (In-Network) / \$600 (Out-of-Network) Individual Deductible option (90%/70% coinsurance)
- Our \$300 (In-Network) / \$600 (Out-of-Network) Individual Deductible option (80%/60% coinsurance)
- Our \$500 (In-Network) / \$1,000 (Out-of-Network) Individual Deductible option (80%/60% coinsurance)
- Our \$750 (In-Network) / \$1,500 (Out-of-Network) Individual Deductible option (80%/60% coinsurance)
- Our \$2,500 (In-Network) / \$5,000 (Out-of-Network) Individual Deductible option (80%/60% coinsurance)

#### 4. Decide on optional coverage for Maternity.

Make sure you check "yes" in the Maternity benefit selection area if you want the additional coverage added to your plan for an extra cost.

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



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

# Privacy Practices

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

## Categories of Personal Information We May Collect

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

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

## How Your Information Is Used

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

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

# Exclusions and Limitations

## 10.1 General Exclusions

Coverage is not provided for the following:

- A. Any service, test, procedure, supply, or item which CareFirst determines not necessary for the prevention, diagnosis or treatment of the Member's illness, injury, or condition. Although a service may be listed as covered, benefits will be provided only if it is Medically Necessary and appropriate in the Member's particular case.
- B. Any treatment, procedure, facility, equipment, drug, drug usage, device, or supply which, in the judgment of CareFirst, is Experimental/ Investigational, or not in accordance with accepted medical or psychiatric practices and standards in effect at the time of treatment, except for covered benefits for Clinical Trials.
- C. The cost of services that are furnished without charge or are normally furnished without charge if a Member was not covered under the Agreement or under any health insurance, or any charge or any portion of a charge which by law the provider is not permitted to bill or collect from the Member directly.
- D. Any service, supply, or procedure that is not specifically listed in the Member's Agreement as a covered benefit or that does not meet all other conditions and criteria for coverage as determined by CareFirst.
- E. Services that are beyond the scope of the license of the provider performing the service.
- F. Routine foot care, including services related to hygiene or any services in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, symptomatic complaints of the feet, or partial removal of a nail without the removal of its matrix. However, benefits will be provided for these services if CareFirst determines that medical attention was needed because of a medical condition affecting the feet, such as diabetes and, that all other conditions for coverage have been met.
- G. Any type of dental care (except treatment of accidental injuries, oral surgery, and cleft lip, cleft palate, or ectodermal dysplasia, as described in this Description of Covered Services) including extractions, treatment of cavities, care of the gums or bones supporting the teeth, treatment of periodontal abscess, removal of impacted teeth, orthodontia, false teeth, or any other dental services or supplies, unless provided in a separate rider or amendment to this Agreement. Benefits for oral surgery are Section 2.21 in the Outpatient and Office Services Section of this Description of Covered Services. All other procedures involving the teeth or areas surrounding the teeth, including shortening of the mandible or maxillae for Cosmetic purposes or for correction of malocclusion unrelated to a functional impairment are excluded.
- H. Cosmetic surgery (except benefits for Reconstructive Breast Surgery or reconstructive surgery) or other services primarily intended to correct, change, or improve appearances. Cosmetic means a service or supply which is provided with the primary intent of improving appearances and not for the purpose of restoring bodily function or correcting deformity resulting from disease, trauma, or previous therapeutic intervention as determined by CareFirst.
- I. Treatment rendered by a Health Care Provider who is the Member's Spouse, parent, child, grandparent, grandchild, sister, brother, great grandparent, great grandchild, aunt, uncle, niece, or nephew or resides in the Member's home.
- J. Any prescription drugs, unless administered to the Member in the course of covered outpatient or inpatient treatment or unless the prescription drug is specifically identified as covered. Take-home prescriptions or medications, including self-administered injections which can be administered by the patient or by an average individual who does not have medical training, or medications which do not medically require administration by or under the direction of a physician are not covered, even though they may be dispensed or administered in a physician or provider office or facility, unless the take-home prescription or medication is specifically identified as covered. Benefits for prescription drugs may be available through a rider or amendment purchased by the Group and attached to the Agreement.
- K. All non-prescription drugs, medications, biologicals, and Over-the-Counter disposable supplies routinely obtained and self-administered by the Member, except for the CareFirst benefits described in this Agreement and diabetic supplies.
- L. Food and formula consumed as a sole source or supplemental nutrition, except as listed as a Covered Service in this Description of Covered Services.
- M. Any procedure or treatment designed to alter an individual's physical characteristics to those of the opposite sex.
- N. Treatment of sexual dysfunctions or inadequacies including, but not limited to, surgical implants for impotence, medical therapy, and psychiatric treatment.
- O. Fees and charges relating to fitness programs, weight loss or weight control programs, physical, pulmonary conditioning programs or other programs involving such aspects as exercise, physical conditioning, use of passive or patient-activated exercise equipment or facilities and self-care or self-help training or education, except for diabetes outpatient self-management training and educational services. Cardiac rehabilitation programs are covered as described in this Agreement.
- P. Medical and surgical treatment for obesity and weight reduction, except in the instance of Morbid Obesity.
- Q. Medical or surgical treatment of myopia or hyperopia, including radial keratotomy and other forms of refractive keratoplasty or any complications thereof. Benefits for vision may be available through a rider or amendment purchased by the Group and attached to the Agreement.
- R. Services solely based on a court order or as a condition of parole or probation, unless approved by CareFirst.
- S. Health education classes and self-help programs, other than birthing classes or those for the treatment of diabetes.
- T. Acupuncture services, except when approved or authorized by CareFirst when used for anesthesia.
- U. Any service related to recreational activities. This includes, but is not limited to, sports, games, equestrian, and athletic training. These services are not covered unless authorized or approved by CareFirst even though they may have therapeutic value or be provided by a Health Care Practitioner.
- V. Any service received at no charge to the Member in any federal hospital or facility, or through any federal, state, or local governmental agency or department, not including Medicaid. (This exclusion does not apply to care received in a Veteran's hospital or facility unless that care is rendered for a condition that is a result of the Member's military service.)
- W. Private Duty Nursing.
- X. Non-medical, provider services, including but not limited to:
  - 1. Telephone consultations, failure to keep a scheduled visit, completion of forms, copying charges, or other administrative services provided by the Health Care Practitioner or the Health Care Practitioner's staff.
  - 2. Administrative fees charged by a physician or medical practice to a Member to retain the physician's or medical practices services, e.g., "concierge fees" or boutique medical practice membership fees. Benefits under this Agreement are available for Covered Services rendered to the Member by a Health Care Provider.
- Y. Speech Therapy, Occupational Therapy, or Physical Therapy, unless CareFirst determines that the condition is subject to improvement. Coverage does not include non-medical Ancillary Services such as vocational rehabilitation, employment counseling, or educational therapy.
- Z. Services or supplies for injuries or diseases related to a covered person's job to the extent the covered person is required to be covered by a workers' compensation law.
- AA. Travel (except for Medically Necessary air transportation and ground ambulance, as determined by CareFirst, and services listed under the Section 2.14 Transplants Section of this Description of Covered Services), whether or not recommended by an Eligible Provider.
- BB. Services or supplies received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association,

## Exclusions and Limitations *(continued)*

labor union, trust, or similar persons or groups.

- CC. Contraceptive drugs or devices, unless specifically identified as covered in this Agreement, or in a rider or amendment to this Agreement.
- DD. Any illness or injury caused by war (a conflict between nation states), declared or undeclared, including armed aggression.
- EE. Services, drugs, or supplies the Member receives without charge while in active military service.
- FF. Habilitative Services delivered through early intervention and school services.
- GG. Custodial Care.
- HH. Coverage does not include non-medical Ancillary Services, such as vocational rehabilitation, employment counseling, or educational therapy.
- II. Services or supplies received before the effective date of the Member's coverage under this Agreement.
- JJ. Durable Medical Equipment or Supplies associated or used in conjunction with non-covered items or services.
- KK. Services required solely for employment, insurance, foreign travel, school, camp admissions or participation in sports activities.
- LL. Work Hardening Programs. Work Hardening Program means a highly specialized rehabilitation programs designed to simulate workplace activities and surroundings in a monitored environment with the goal of conditioning the participant for a return to work.

### 10.2 Infertility Services

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

### 10.3 Transplants

Benefits will not be provided for the following:

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

### 10.4 Inpatient Hospital Services

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

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

### 10.5 Home Health Services

Coverage is not provided for:

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

### 10.6 Hospice Services

Benefits will not be provided for the following:

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

### 10.7 Medical Devices and Supplies

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

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

# Experimental/Investigational Services

**PLEASE NOTE:** Experimental / Investigational services are not covered under this health plan.

Experimental/Investigational means a service or supply that is in the developmental stage and in the process of human or animal testing excluding Clinical Trial Patient Cost Coverage as stated in the Description of Covered Services. Services or supplies that do not meet all five of the criteria listed herein are deemed to be Experimental/Investigational:

- A. The Technology\* must have final approval from the appropriate government regulatory bodies;
- B. The scientific evidence must permit conclusions concerning the effect of the Technology on health outcomes;
- C. The Technology must improve the net health outcome;
- D. The Technology must be as beneficial as any established alternatives; and,
- E. The improvement must be attainable outside the Investigational settings.

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



## NOTES:

[illegible]





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.

Policy Form Numbers:

VA/CF/BP/DB/IEA (7/08)

VA/CF/BP/DOCS (7/08)

VA/CF/BP/DB/SOB (7/08)

VA/CF/DB/ELIG HIPAA (R. 7/08)

VA/CF/DB/NGF RX3 (R. 1/12)

VA/CF/VISION (R. 1/06)

and any amendments.



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

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