



Consumer Health Insurance Plans 2015

*For people who buy
their own insurance*

NORTHERN VIRGINIA

Welcome

Thank you for considering CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) for your health care coverage. Having provided coverage, information and support for more than 75 years, we know how much you and your family depend on your health insurance provider. It's a responsibility we take very seriously, as we have with your grandparents, parents, friends and neighbors.

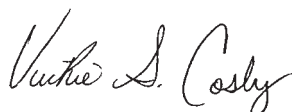
To help you better understand the plans, we've started this booklet with a quick overview of some terms you should understand, some of the highlights of health care reform and how to get the most out of your new plan.

CareFirst—there for you then, here for you now.

We're proud to be a locally-based affiliate of the Blue Cross and Blue Shield Association, the nation's oldest and largest family of independent health benefits companies. Four generations have entrusted us with their family's health care coverage. Deciding to do likewise would put you in good company; company that includes the one in three Americans who have chosen BlueCross BlueShield.

If you have questions as you read through this booklet, you'll find answers online at **www.carefirst.com/individual** or give us a call at 800-544-8703, seven days a week, 8 a.m. – 8 p.m. You can use the same number for our bilingual services, too.

Sincerely,



Vickie S. Cosby
Vice President, Consumer Direct Sales



**Ready to
go shopping?**

You can also visit us online at
www.carefirst.com/individual
to research and compare plans.

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Get to know the basics

Four things you need to know about health care reform

If you buy your own health insurance, understanding these facts about the Affordable Care Act (ACA) will help as you choose your new CareFirst health insurance plan.

1

You must buy health insurance.

Pure and simple, it's the law. If you don't have health insurance, you'll pay a tax penalty of \$325 or 2 percent of income for each family member, whichever is greater.

3

You might qualify for financial help from the government.

To help make health insurance more affordable, the federal government offers two forms of financial assistance, called subsidies. You may qualify if your projected 2015 household income is:

- less than \$46,680 for an individual
- less than \$62,920 for a family of 2
- less than \$79,160 for a family of 3
- less than \$95,400 for a family of 4
- less than \$111,640 for a family of 5

Qualifying income levels change slightly each year. Find detailed information on www.carefirst.com/healthreform.

2

All plans must cover the same core benefits.

Every plan you're about to review covers these services:

- Office visits
- Prescription drugs
- Preventive care
- Hospitalization
- Emergency services
- Lab tests, blood work, X-rays
- Immunizations
- Maternity and newborn care
- Mental health care
- Substance abuse services
- Pediatric dental and vision services

4

You can't be denied coverage.

Even if you're sick or have a pre-existing condition, you can't be charged more or denied coverage.

Health insurance basics

The more comfortable you get with the terms used to describe how health insurance works, the better decisions you'll make. Here's a quick look at the most important ones.

Plans and providers

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

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

Patient-Centered Medical Home (PCMH)—A program designed to give your primary care provider a more complete view of all of your health needs, as well as the care you receive from other providers. When you select a primary care provider who participates in the PCMH program, you are the center of an entire health care team whose goal is to better manage and coordinate your care and improve your health.



Plan types—Health Maintenance Organization (HMO), Point of Service (POS) and Preferred

Provider Organization (PPO) refer to how your plan provides coverage and which network of providers you receive care from. The differences have to do with how much flexibility you have when choosing providers, balanced with how much of that provider's costs you will have to pay.

- **Flexible**—CareFirst's BlueChoice **HMO** plans offer the flexibility to see any of the 35,000 participating providers in the CareFirst BlueChoice network.* If you go outside of the network, only emergency services are covered.
- **More flexible**—CareFirst BlueChoice's **POS** plans offer you more flexibility with coverage for both in-network (CareFirst BlueChoice HMO network) and out-of-network (CareFirst PPO network) providers. Receiving care in-network can save you money; otherwise the out-of-network cost will apply. If your provider does not participate in any of our networks, you will have the greatest out-of-pocket costs.
- **Most flexible**—CareFirst's **PPO** plans offer you the most flexibility with coverage for both in and out-of-network providers. Choose from a network of more than 40,000 local providers and thousands nationally. Going out-of-network is an option, but will cost you the most.

Our plans offer coverage when you are out of town:

- When you pick an HMO plan, you have access to routine and urgent care when you're away for more than 90 consecutive days in any of our participating states.
- When you pick a POS or PPO plan, you are covered nationally with the BlueCard® network.

* Coverage is not available for services provided outside the United States, except for emergency services.

Financial terms

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

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

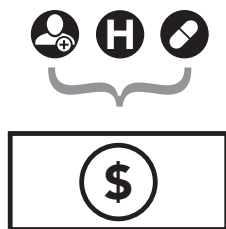
Maximum out-of-pocket—the most you will have to pay for medical expenses and prescriptions in a calendar year. Your maximum out-of-pocket will start over every January 1.

Cost-sharing—the part of your health care costs that your plan doesn't pay is your share. There are three types of cost sharing:

- **Deductible**—the amount of money you must pay each year before your plan begins paying its portion. Your deductible will start over every January 1.
- **Copayment (copay)**—a fixed-dollar amount you pay when you visit a doctor or other provider.
- **Coinsurance**—the percentage of the allowed benefit you pay after you meet your deductible.

How much will I pay for medical services?

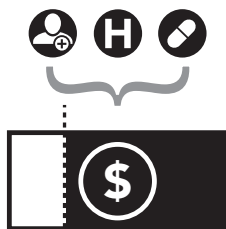
For example, say you have a **BlueChoice HSA Silver \$1,300** plan for an individual...here's a quick look at how much you will pay before your benefits kick in. Note your monthly premium does not count toward your deductible or maximum out-of-pocket.



YOU PAY

You'll pay 100% of the allowed benefit—the discounted rate you receive for being a CareFirst member—for all covered services

Until you
have spent
\$1,300...
(your deductible)



YOU PAY CAREFIRST PAYS

Then you'll pay just a \$30 copay for some services and 20% coinsurance

When you
have spent
\$6,350...
(your maximum out-of-pocket)



CAREFIRST PAYS

You will pay nothing for the remainder of the year! CareFirst will pay 100% of your covered medical expenses

All in-network preventive services are available before you meet your deductible. See page 14 for a quick comparison of deductibles and maximum out-of-pocket amounts for all CareFirst plans.

Ways to save

We've been helping our members find ways to make health insurance more affordable for more than 75 years. It's a commitment that still drives us today. And now the federal government has introduced ways to help, too.



Check out our subsidy estimator at www.carefirst.com/individual to see if you qualify for financial assistance.



Lower health care costs with financial assistance

One very important aspect of health care reform is the financial assistance the federal government provides to lower monthly premiums and limit out-of-pocket expenses for people who qualify. They're called subsidies, and are explained in a little more detail below. If you qualify for a subsidy, you can still purchase a CareFirst plan; however, you are required to buy your plan through the Virginia Health Insurance Marketplace.

Help paying your monthly premiums

The Advanced Premium Tax Credit helps reduce your monthly premium so you pay less for your health plan each month. Once you apply, your tax credit will be sent to CareFirst and applied to your bill, reducing or even eliminating your premium (excludes the BlueChoice Young Adult plan).

Help lowering your out-of-pocket expenses

The Cost-sharing Reduction Subsidy helps to limit how much you spend out-of-pocket on expenses like copays, coinsurance and deductibles. By lowering your maximum, your health plan begins paying 100 percent of your costs sooner than it would have without the subsidy. Cost-sharing subsidies are only for Silver level plans bought on the Virginia Health Insurance Marketplace.

Take a moment to see if you qualify

If you qualified for a subsidy in 2014, you need to contact the Virginia Health Insurance Marketplace and be re-evaluated for financial assistance for 2015 during open enrollment, Nov. 15 – Feb. 15. (If you want your 2015 subsidy to begin January 1, you must complete the eligibility process by December 18). For more details, visit www.healthcare.gov.



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

Blue Rewards is an incentive program where you can earn \$150 per adult and up to \$400 per family for taking an active role in getting healthy and staying healthy. It's a financial reward you can apply to your monthly premium payment, deductible, copays or coinsurance. Earn your Blue Reward in just four steps:

1. Select a primary care provider (PCP) who participates in our Patient-Centered Medical Home program (PCMH), a program that provides your doctor with a more complete view of your health needs (ages 2+)
2. Agree to receive wellness-related communications from us electronically—information delivered when and where you need it (ages 18+)
3. Complete an online health assessment, a great starting point in charting your healthier future! (ages 18+)
4. Visit your selected PCMH PCP and complete your Health and Wellness Evaluation Form, another important part of mapping out your plan (ages 2+)

*The reward is in the form of a Blue Rewards incentive card. If you have a Health Savings Account (HSA) plan, you must meet the IRS minimum deductible for an HSA plan (\$1,300 for individual coverage/\$2,600 for family coverage) before you can use your reward for medical expenses.



Cut your prescription costs

If prescriptions are a significant part of your out-of-pocket costs, here are some ways you may be able to reduce what you spend on them.

Think generic

They cost less than, but work the same as, brand drugs. Ask your doctor to prescribe generic drugs and choose generics every time they're available to save the most.

Use your mailbox

By using the Mail Service Pharmacy program you can save the most money on your maintenance medications and have them delivered to your home. It's fast, accurate and will save you money.

Order in bulk

Get up to a three-month supply of maintenance medications for the cost of two copays at retail stores or through the mail. If your plan requires coinsurance, the cost is the same regardless of the quantity ordered. However, mail order offers lower prices.

See more complete information about prescriptions on page 18.

Save your money

An HSA is a health savings account and having one can save you a lot of money when you enroll in one of our high-deductible health plans, which have higher deductibles and lower premiums. You don't have to pay taxes on money you put into an HSA to cover your health care expenses. Partner with a financial institution of your choice and contribute tax-deductible money into your health savings account. The funds roll over from year to year, so HSAs are great for saving up in case of a medical emergency or a big health expense.

Your HSA contribution is tax free...



1. Pre-tax contribution
2. Tax-free withdrawals for eligible expenses
3. Tax-free growth



When you need care

Being familiar with how your plan provides coverage can add up to big savings over the course of the year. For example, there's a big difference between needing prompt medical attention and having a life-or-death situation. There's a financial difference too: if your life isn't in danger, you'll spend less out-of-pocket by going to a local convenience care or urgent care center. Keep in mind:

- Get lab work done in your plan's network.
- Have outpatient surgery done at a freestanding surgery center, not a hospital.
- Don't schedule doctor's visits at the hospital—you'll often get charged by the doctor AND by the hospital.
- Use a convenience care or urgent care center for non-life threatening emergencies.



Convenience care

centers—also known as retail health clinics, tend to be located inside a pharmacy or retail store and offer easy access to treatment for non-emergency care such as colds, pink eye, strep tests and vaccinations. Convenience care centers offer extended weekend hours and can see you quickly.

Symptom	Convenience Care Center	Doctors' Office Setting	Urgent Care	Emergency Room
Cold or flu symptoms	✓	✓	✓	
Cough, sore throat	✓	✓	✓	
Ear, sinus pain	✓	✓	✓	
Fevers	✓	✓	✓	
Vaccinations	✓	✓	✓	
Sprains, strains		✓	✓	
Mild asthma		✓	✓	
Nausea, vomiting, diarrhea		✓	✓	
Back pain		✓	✓	
Sudden or unexplained loss of consciousness				✓
Signs of a heart attack/chest pain or pressure				✓
Sign of a stroke, such as numbness of the face, arm or leg on one side of the body; difficulty talking; sudden loss of vision				✓
Coughing up or vomiting blood				✓
Suicidal feelings				✓

For illustrative purposes only. This information is not intended as medical advice.



Choosing your CareFirst
health care plan

The very big benefits of a very little card



A CareFirst membership card is actually quite powerful. It comes with every CareFirst plan, but so do all of these benefits.

- **The Blue Rewards program—earn \$150 (families get up to \$400) by completing four steps**
- **\$0 benefits—pay nothing when you use one of our in-network providers for:**
 - ☐ adult physicals
 - ☐ well-child exams and immunizations
 - ☐ OB/GYN visits and pap tests
 - ☐ mammograms
 - ☐ prostate and colorectal screenings
 - ☐ routine pre-natal maternity services
- **One of the largest doctor and hospital networks in the region**
- **60,000+ pharmacies nationwide and convenient mail order services**
- **No referrals to see specialists**
- **Vision care—get one \$0 eye exam each year plus discounts* on contact lenses, laser vision correction surgery and glasses when you use a provider within our vision network**
- **Comprehensive dental and vision coverage for kids under 19**
- **National coverage available either through the BlueCard® PPO network or with Away From Home Care™—limitations may apply**
- **My Account mobile app—account information in the palm of your hand**



We're committed to helping you achieve a healthy lifestyle, so we offer a Health and Wellness package with every health plan. Here are some of the exclusive discounts and free tools you can look forward to.

Blue365

Discount program

Save money with exclusive health and wellness deals from top national and local retailers on fitness gear, gym memberships, weight loss programs, cell phone plans, hotels, resorts and more. For the latest deals, visit **www.carefirst.com/wellnessdiscounts**

First Help™

24/7 access to a registered nurse

Ask a registered nurse any question, any time. Just call 800-535-9700 and a registered nurse will ask about your symptoms and help you decide on the best source of care.

Health Coaching

Personalized telephone coaching service

Learn new and positive lifestyle behaviors with a personalized health plan focused on helping you achieve your health goals. You'll be able to get one-on-one attention through phone calls or through a secure, private web-based message board.

CareFirst Mobile

Account info wherever you go

Put the account information you need in the palm of your hand. Manage your care, find a doctor or urgent care center, always have access to your ID card and more when you download the *My Account* mobile app.

Ready, Step, Go!

Pedometer app

Count your steps, distance traveled and calories burned for each workout with the free CareFirst Ready, Step, Go! app. The app is available for iPhone™, iPod Touch™ or Android™ smartphones—visit your app store and search for Ready, Step, Go!

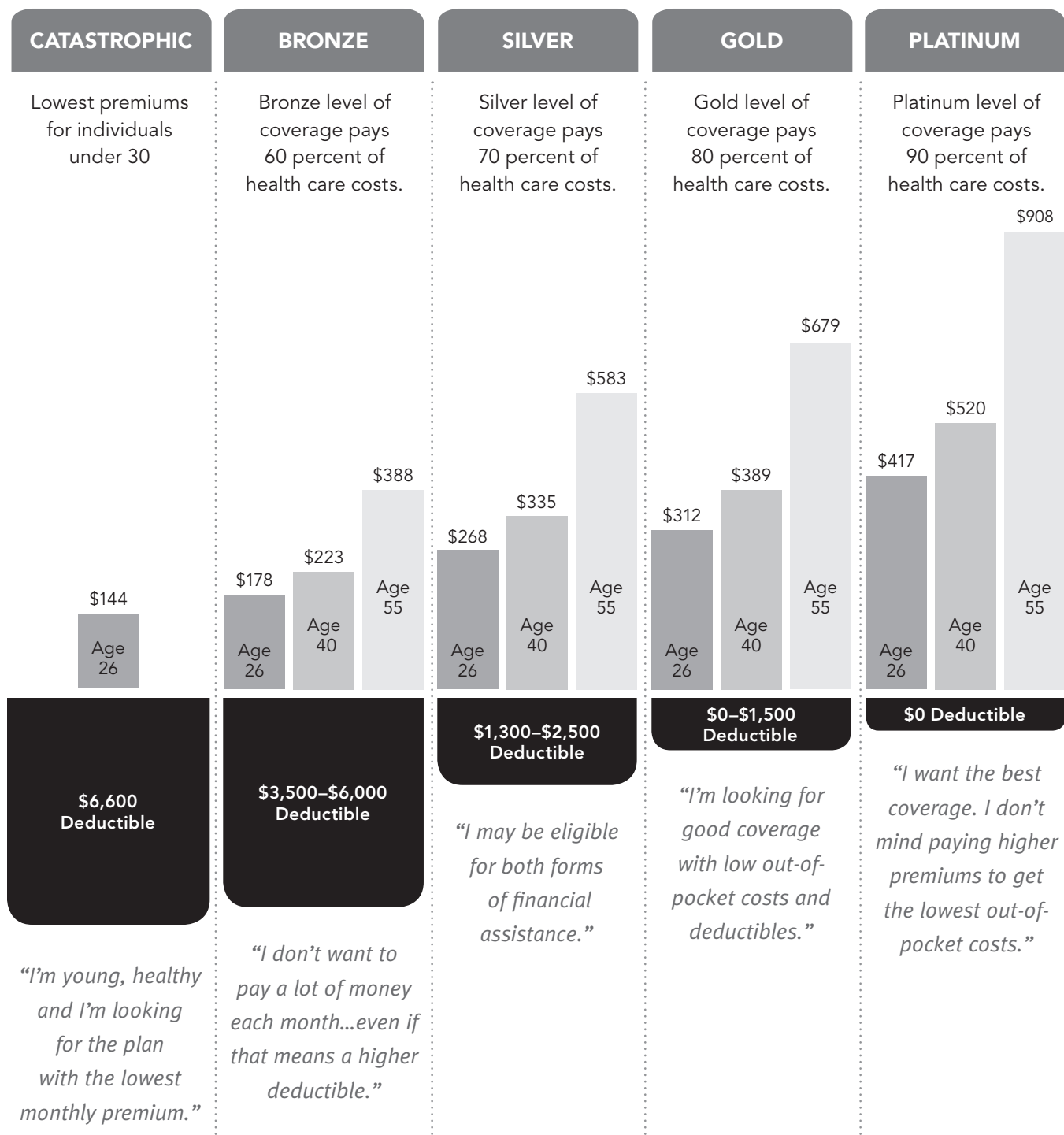
Health and wellness information is always at your fingertips



- Visit the My Care First website and access 300+ interactive health tools, 400+ podcasts, dozens of recipes, videos and tutorials on chronic diseases and an encyclopedia with info on more than 3,000 conditions: **www.carefirst.com/mycarefirst**
- *Vitality* magazine gives you tips for living a healthier lifestyle with articles about nutrition, preventive health, physical fitness and more: **www.carefirst.com/vitality**
- Sign up for a customized CareFirst e-newsletter and every month we'll send you articles and recipes personalized to your areas of interest: **www.carefirst.com/healthnews**
- Like us on Facebook and get daily posts that help support your personal health goals and keep you healthier: **www.facebook.com/carefirst**

Understanding metal levels

CareFirst's plans within each metal level give you choices of provider networks, different cost-sharing arrangements and premiums. People under the age of 30 also have the choice of buying a Catastrophic plan, which is similar to a Bronze plan. The chart below shows how each type of plan relates to the annual premiums* and individual annual deductibles—as monthly premiums go up, annual deductibles go down.



* Rates are based on the average for each plan per metal level 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 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.

	CATASTROPHIC	BRONZE LEVEL PLANS				SILVER LEVEL PLANS	
Plan Name	BlueChoice Young Adult * \$6,600	BlueChoice HSA Bronze \$6,000	BlueChoice Plus Bronze \$5,500	BlueChoice HSA Bronze \$4,000	BluePreferred HSA Bronze \$3,500	BlueChoice Plus Silver \$2,500	BlueChoice Silver \$2,000
Plan Type (page 5)	HMO	HMO	POS	HMO	PPO	POS	HMO
Deductible	\$6,600	\$6,000	\$5,500	\$4,000	\$3,500	\$2,500	\$2,000
Individual Maximum Out-of-Pocket**	\$6,600	\$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
Plan Features							
Out-of-Network Coverage			✓		✓	✓	
No deductible for primary care visits, urgent care and all generics			✓			✓	✓
No charge and no deductible for primary care visits, labs, X-rays and generic drugs							
Tax-savings with an HSA (page 8)		✓		✓	✓		
Blue Rewards program (page 8)	✓	✓	✓	✓	✓	✓	✓
National coverage available (limitations may apply)	✓	✓	✓	✓	✓	✓	✓

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

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

Please refer to the fold-out comparison chart for detailed benefit information.

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

There's even more to every CareFirst plan

CareFirst health plans were designed to keep you healthy. That's why we include vision, prescription drug and pediatric dental coverage for all of our members. Because your health is important.

Vision

Every CareFirst health plan includes basic eye-care benefits for everyone covered by your plan. These important benefits are offered to you through Davis Vision*, the administrator for the products, services and discounts described below.

Children (up to age 19)

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

Adults (19 and over)

- One no-charge in-network routine exam¹ per calendar year
- Up to \$40 reimbursement per calendar year for out-of-network exams
- Discounts of approximately 30 percent on:
 - ☐ eyeglass lenses, frames and contacts
 - ☐ laser vision correction
 - ☐ scratch-resistant lens coating and progressive lenses
- No claims to file when you see a Davis Vision provider

¹ Exam only subject to deductible in BlueChoice Young Adult plan.

*Davis Vision is an independent company.



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 are included in your plan's monthly premium.

To locate a provider, call Davis Vision at 800-783-5602 or visit **www.carefirst.com/doctor**.



Children's dental (up to age 19)

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

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 (Applies to Classes II, III & IV)	\$50 Individual per calendar year (Applies to Classes II, III & IV)
Network	Over 4,200 providers in MD, DC, and northern VA, 96,000 dental providers nationally	
Preventive & Diagnostic Services (Class I) <i>Exams (2 per year), cleanings (2 per year), fluoride treatments (2 per year), sealants, bitewing X-rays (2 per year), full mouth X-ray (one every 3 years)</i>	No charge	20% of Allowed Benefit* (no deductible)
Basic Services (Class II) <i>Fillings (amalgam or composite), simple extractions, non-surgical periodontics</i>	20% of Allowed Benefit* after deductible	40% of Allowed Benefit* after deductible
Major Services – Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i>		
Major Services – Restorative (Class IV) <i>Crowns, dentures, inlays and onlays</i>	50% of Allowed Benefit* after deductible	65% of Allowed Benefit* after deductible
Orthodontic Services** (Class V) <i>when medically necessary</i>	50% of Allowed Benefit* no deductible**	65% of Allowed Benefit* no deductible**

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

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

**Orthodontic services are subject to the deductible for the BlueChoice Young Adult \$6,600 plan only.

CareFirst offers four dental plans for family members age 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 you. See pages 35 and 36 for details.



Savings tip!

Always ask your provider to prescribe a generic drug. If you are currently taking a preferred brand or non-preferred brand drug, it's important to regularly check with your pharmacy to see if a generic version is available.

Prescription drug coverage

All CareFirst plans include prescription drug coverage, so you can get the medications you need. Here's how the program works:

- Depending on your plan, you'll either have to meet your plan's deductible before prescription coverage begins (because it's integrated with your other medical expenses) or you'll have a separate, lower deductible just for drugs, which gives you drug coverage much sooner.
- With each drug purchase, you'll likely pay coinsurance or a copay.
- All drug charges count toward your plan's in-network maximum out-of-pocket.
- There are four tiers of drugs. Generally, generics cost the least and specialty drugs cost the most:
 1. **Generic drugs** work the same as brand-name drugs, but cost much less.
 2. **Preferred brand drugs** are brand-name medications that aren't available yet in generic form, but are chosen for their effectiveness and affordability compared to alternatives. *Note: if a generic drug becomes available, the preferred brand drug will be moved to the non-preferred brand category and will cost more money.*
 3. **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. *Note: 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.*
 4. **Specialty drugs** are often 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.
- Preventive drugs are also available at no cost to you. They will be fully covered by your prescription drug plan as long as you meet the eligibility requirements.

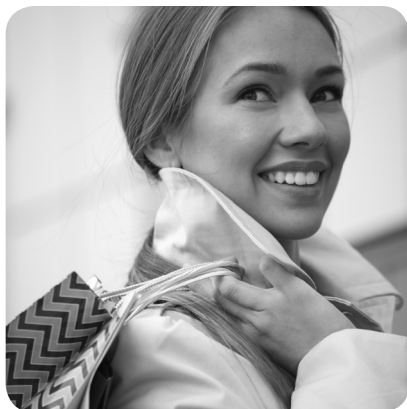
We've included an outline of prescription benefits in the fold-out chart included with this book. Check-out line 38 in that chart for details.

Visit **www.carefirst.com/acarx** and see what tier your drugs are covered under and to find the most up-to-date list of preventive drugs.



Enroll today

More to smile about



Four optional dental plans

All CareFirst medical plans provide you with pediatric dental benefits. To get dental coverage for adult members age 19 and older on your policy, you can choose from four dental plans:

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

	Dental HMO	Preferred Dental
	In-Network Only	In-Network Out-of-Network Coverage available
	Member Pays	
Individual Cost Per Day	Less than \$.35	Less than \$.55
Deductible	None	None
Annual Maximum	No maximum	No maximum
Network	Over 800 providers in MD, DC, and northern VA	Over 3,900 providers in MD, DC, and northern VA
Preventive & Diagnostic Services (Class I)	\$20 copay per office visit	No charge
Basic Services (Class II) <i>Fillings, simple extractions, non-surgical periodontics</i>	\$20-\$70 copay per office visit	Not covered
Major Services – Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i>	Copays per service	Not covered
Major Services – Restorative (Class IV) <i>Inlays, onlays, dentures, crowns</i>	Copays per service	Not covered
Orthodontic Services (Class V)	Child: \$2,500 per member Adult: \$2,700 per member	Not covered

Please note: The benefit summary above is 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.

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.

	BlueDental Preferred		Preferred Dental Plus
	In-Network		In-Network
	Out-of-Network Coverage available		
	Member Pays		
Individual Cost Per Day	Less than \$1.00		Less than \$1.30
Deductible	Low Option \$100 Individual/ \$300 Family (applies to classes I-IV) per calendar year	High Option \$60 Individual/ \$180 Family (applies to classes II, III, IV) per calendar year	\$25 Individual/\$75 Family (applies to classes II, III & IV) per contract year
Annual Maximum	Plan pays \$1,000 maximum (for members age 19 and over)		Plan pays \$1,000 maximum
Network	Over 3,900 providers in MD, DC, and northern VA. 74,000 dentists nationally.		
Preventive & Diagnostic Services (Class I)	Low Option No charge after deductible	High Option No charge	No charge
Basic Services (Class II) <i>Fillings, simple extractions, non-surgical periodontics</i>	20% of Allowed Benefit* after deductible		20% of Allowed Benefit* after deductible
Major Services – Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i>	20% of Allowed Benefit* after deductible		20% of Allowed Benefit* after deductible & 12 month benefit waiting period
Major Services – Restorative (Class IV) <i>Inlays, onlays, dentures, crowns</i>	50% of Allowed Benefit* after deductible		50% of Allowed Benefit* after deductible & 12 month benefit waiting period
Orthodontic Services (Class V)	50% of Allowed Benefit* (no deductible) when medically necessary		50% of Allowed Benefit* after 12 month benefit waiting period

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

If you 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 like to talk to a Product Specialist,
please call **800-544-8703**.



Additional information

Our commitment to you

CareFirst's privacy practices

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

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

Categories of personal information we may collect

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

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

How your information is used

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

maintain physical, electronic and procedural safeguards in accordance with federal and state standards that protect your information.

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

Disclosure of your information

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

Changes in our Privacy Policy

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

Rights and responsibilities

Notice of Privacy Practices

CareFirst BlueCross BlueShield (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:

Virginia Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
Toll-free within Virginia: 800-552-7945
804-371-9691

Complaint Intake
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1463
Toll free: 800-955-1819
Richmond metropolitan area: 804-367-2106
Fax: 804-527-4503
E-mail: mchip@vdh.virginia.gov

For assistance in resolving a billing or payment dispute with the health plan or a health care provider, contact the Office of the Managed Care Ombudsman, Bureau of Insurance at:

Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
Toll-free: 877-310-6560
804-371-9032
Email: ombudsman@scc.virginia.gov

Hearing Impaired

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

National Capital Area TTY: 202-479-3546.

Please have your Member Services number ready.

Language Assistance

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

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

Confidentiality of Subscriber/ Member Information

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

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

Our Responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration

function. The Notice is sent to all policy holders upon enrollment.

Your Rights

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

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and Complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at (800) 853-9236 or send an email to: privacy.office@carefirst.com.

Members' Rights and Responsibilities Statement

Members have the right to:

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

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

Members have a responsibility to:

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

Eligible Individuals' Rights Statement Wellness and Health Promotion Services

Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

Compensation and premium disclosure statement

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

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

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

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

**CareFirst BlueCross BlueShield
CareFirst BlueChoice, Inc.
840 First Street, NE
Washington, D.C. 20065
Attention: Member Services**

A. Methods of Paying Physicians

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

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

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

Since Dr. Jones is an employee of an HMO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing 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.

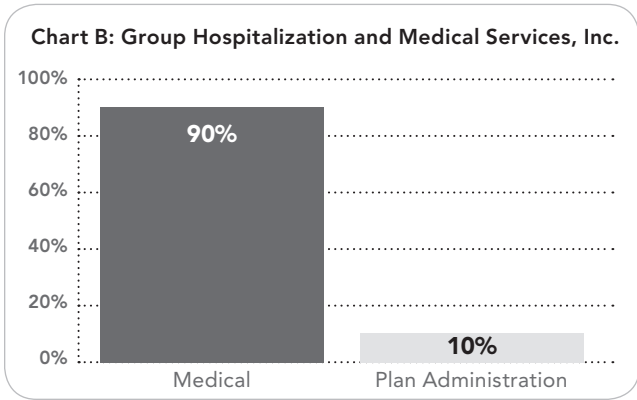
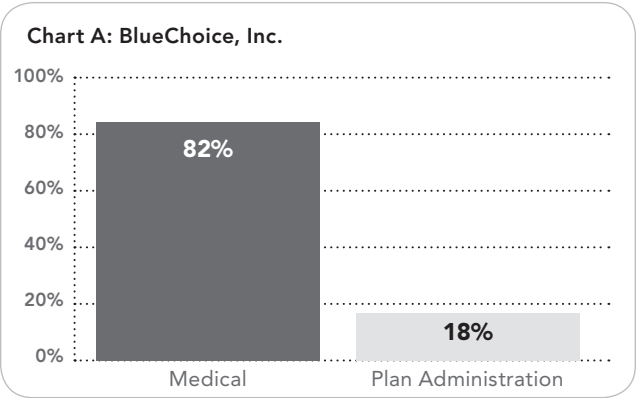
For its Indemnity and Preferred Provider Organization (PPO) plans, CareFirst BlueCross BlueShield contracts directly with physicians. All physicians are Reimbursed on a discounted fee-for-service basis.

C. Distribution of Premium Dollars

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

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

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



Policy Form Numbers:

CAT: VA/CFBC/DB/HMO (1/14); VA/CFBC/EXC/HMO/CAT SOB (R.1/15); VA/CFBC/DB/HMO/INCENT (1/15)

BluePreferred HSA Bronze \$3,500: VA/CF/DB/BP (1/14); VA/CF/EXC/BP/BRZ SOB (R.1/15); VA/CF/DB/PPO/INCENT (1/15)

BlueChoice HSA Bronze \$4,000: VA/CFBC/DB/HMO (1/14); VA/CFBC/EXC/HMO HSA/4000 BRZ SOB (R.1/15); VA/CFBC/DB/HMO/INCENT (1/15)

BlueChoice Plus Bronze \$5,500: In-Network: VA/CFBC/DB/BCOO/INN (1/14); VA/CFBC/EXC/BC+ IN/BRZ SOB (R.1/15); VA/CFBC/DB/POS IN/INCENT (1/15) Out-of-Network: VA/CF/DB/BCOO/OON (1/14); VA/CF/EXC/BC+ OON/BRZ SOB (R.1/15)

BlueChoice HSA Bronze \$6,000: VA/CFBC/DB/HMO (1/14); VA/CFBC/EXC/HMO HSA/6000 BRZ SOB (R.1/15); VA/CFBC/DB/HMO/INCENT (1/15)

BlueChoice HSA Silver \$1,300: VA/CFBC/DB/HMO (1/14); VA/CFBC/EXC/HMO HSA/SIL SOB (R.1/15); VA/CFBC/DB/HMO/INCENT (1/15)

BluePreferred HSA Silver \$1,500: VA/CF/DB/BP/MSP (1/14); VA/CF/EXC/BP/SIL SOB (R.1/15); VA/CF/DB/PPO/INCENT (1/15)

BlueChoice Silver \$2,000: VA/CFBC/DB/HMO (1/14); VA/CFBC/EXC/HMO/SIL SOB (R.1/15); VA/CFBC/DB/HMO/INCENT (1/15)

BlueChoice Plus Silver \$2,000: In-Network: VA/CFBC/DB/BCOO/INN (1/14); VA/CFBC/EXC/BC+ IN/SIL SOB (R.1/15); VA/CFBC/DB/POS IN/INCENT (1/15). Out-of-Network: VA/CF/DB/BCOO/OON (1/14); VA/CF/EXC/BC+ OON/SIL SOB (R.1/15)

BlueChoice Gold \$0: VA/CFBC/DB/HMO (1/14); VA/CFBC/EXC/HMO/GOLD 0 SOB (R.1/15); VA/CFBC/DB/HMO/INCENT (1/15)

BluePreferred Gold \$500: VA/CF/DB/BP MSP (1/14); VA/CF/EXC/BP/GOLD SOB (R.1/15); VA/CF/DB/PPO/INCENT (1/15)

BlueChoice Gold \$1,000: VA/CFBC/DB/HMO (1/14); VA/CFBC/EXC/HMO/GOLD 1000 SOB (R.1/15); VA/CFBC/DB/HMO/INCENT (1/15)

HealthyBlue Gold \$1,500: In-Network: VA/CFBC/DB/HB/INN (1/14); VA/CFBC/EXC/HB IN/GOLD SOB (R. 1/15); VA/CFBC/DB/POS IN/INCENT (1/15). Out-of-Network: VA/CF/DB/HB/OON (1/14); VA/CF/EXC/HB OON/GOLD SOB (R.1/15)

HealthyBlue Platinum \$0: In-Network: VA/CFBC/DB/HB/INN (1/14); VA/CFBC/EXC/HBIN/PLAT SOB (R.1/15); VA/CFBC/DB/POS IN/INCENT (1/15). Out-of-Network: VA/CF/DB/HB/OON (1/14); VA/CF/EXC/HB OON/PLAT SOB (R.1/15)

BluePreferred Platinum \$0: VA/CF/DB/BP (1/14); VA/CF/EXC/BP/PLAT SOB (R. 1/15); VA/CF/DB/PPO/INCENT (1/15)

AND ANY AMENDMENTS

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

CareFirst BlueCross BlueShield
CareFirst BlueChoice, Inc.
10455 Mill Run Circle
Owings Mills, MD 21117-5559

www.carefirst.com



CONNECT WITH US:



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc.
CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association.
® Registered trademark of the Blue Cross and Blue Shield Association.