

HealthyBlue  
Focused on you.



HealthyBlue Advantage HSA &  
HealthyBlue Advantage HSA HIPAA  
Northern Virginia

## HealthyBlue Advantage HSA!

A health care plan focused on u.

- manage your health
- save money
- have control
- get rewarded

# Welcome

We're pleased to introduce you to **HealthyBlue Advantage HSA**, a new and positive approach to health care that encourages you to live a healthy lifestyle and rewards you for your success!

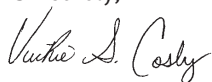
Designed to help you save with lower monthly premiums, **HealthyBlue Advantage HSA** offers high-deductible options for you to choose from: **\$1,500, \$3,000, \$4,000 and \$5,000**. With four options, you have more ways to customize your plan to fit your budget and lifestyle. And, you can feel confident that you're ready for an unexpected medical emergency—which could otherwise cost you thousands of dollars.

## With HealthyBlue Advantage HSA:

- Enjoy competitive premiums.
- Pay nothing—not even a copay—for in-network preventive care office visits (e.g. routine physicals, OB/GYN visits, well-child care visits/immunizations, cholesterol/blood pressure/cancer screenings).
- Choose any doctor you want—no referrals needed.
- Have coverage no matter where you go—across the country or around the world.
- Qualify for a Healthy Reward and earn up to \$225 for an individual and up to \$525 for a family.\*
- Get exclusive discounts on health and wellness services, including gym memberships, spa services, weight loss programs, laser vision correction and more.
- Enjoy vision care benefits and dental discounts.
- Explore the tax advantages of a Health Savings Account (HSA).
- Get around-the-clock advice by a registered nurse with FirstHelp.™

Read on about **HealthyBlue Advantage HSA**, offered by the CareFirst BlueCross BlueShield family of health care plans. Or, contact 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. You can also visit **[www.carefirst.com/individual](http://www.carefirst.com/individual)** and apply today.

Sincerely,



Vickie S. Cosby

Senior Director, Consumer Direct Sales

\* Individual & Family reward applies to a member enrolled in the \$1,500 deductible plan.  
Children under age 2 are not eligible for the Healthy Reward.

# A Plan For You

No matter what your stage in life, **HealthyBlue Advantage HSA** is the plan for you! Read more about how HealthyBlue Advantage HSA can fit your budget and lifestyle!

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## Are You Kyle?

Kyle is 26 years old and on his own—enjoying his freedom and newly found responsibilities. Kyle needed a health plan that could fit his tight budget. He picked **HealthyBlue Advantage HSA** because he knew it would cover his health care basics and most emergencies. Learn more about how Kyle found a rate he can afford on the next page.



## Are You Amanda?

Amanda is 38 years old and thrilled to be running her own business. But this change in her career meant a change in her health care—no longer part of a group, she's on her own. Amanda picked **HealthyBlue Advantage HSA** because she liked the tax-savings opportunity and the budget-friendly rate. Learn more about Amanda's good deal in this section.



## Are You Linda?

Linda is 55 years old. She's climbed the corporate ladder and now it's time to slow down. Linda has a part-time job which has reduced her stress but doesn't provide health care. Linda did her research and chose **HealthyBlue Advantage HSA**. She liked the tax-savings and the freedom to travel and be covered. Learn more about Linda's reduced-stress rate in this section.



# A Plan For You



## Meet Kyle

Kyle is thrilled to be on his own—enjoying the freedom and responsibility to make his own decisions. But, with student loans and everyday bills to worry about, keeping costs low was a priority. Kyle decided to forego health insurance, thinking he could afford the occasional doctor visit on his own. It wasn't until he tore his ACL playing baseball and paid a lot more than expected on surgery that he realized he needed health insurance. Kyle chose HealthyBlue Advantage HSA.

Now, Kyle doesn't worry about sliding into debt while sliding into home. Plus, he gets to enjoy all of the benefits of HealthyBlue Advantage HSA:

- **No charge preventive care visits.** Appointments with his doctor mean no copay and no hassle.
- **33,000 doctors.** Kyle was relieved to discover the large provider network—he could keep going to his family's primary care doctor.
- **Rewards.** Just by seeing the doctor and completing a health assessment, Kyle got \$125 back in the mail. He used the reward to pay for 3 months of his gym membership.
- **Health and Wellness discounts.** Kyle got a discount on his personal training sessions.
- **Tax savings.** Because the HealthyBlue Advantage HSA premium was so much less than typical high-cost health plans, Kyle decided to put away \$25 each month. After a year, he will have \$300 saved to use tax-free on qualified medical expenses like flu shots.
- **Vision care.** Kyle used his benefits to get a discount on prescription sunglasses—the perfect snowboarding shield on sunny slopes.
- **Online advantages.** Kyle applied online; it was quick, easy and he was approved in 24 hours.

**Kyle saved \$1,600 annually by choosing HealthyBlue Advantage HSA!**

**\$90/month\***

|                                                                                                                                                                        | PPO Plan<br>with \$500 deductible                                                                                                    | HealthyBlue Advantage HSA Plan<br>with \$5,000 deductible      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>12 Months of Premium*</b>                                                                                                                                           | \$3,120                                                                                                                              | \$1,080                                                        |
| <b>Medical Expenses</b><br>(estimated \$1,000 medical claim)                                                                                                           | + \$600<br>(Kyle would pay \$500 deductible + \$100 in coinsurance expenses*)<br><small>*20% of the remaining \$500 expenses</small> | + \$1,000<br>(Kyle paid \$1,000 toward his \$5,000 deductible) |
| <b>Total Expenses</b><br>(annual premium and medical expenses)                                                                                                         | <b>= \$3,720</b>                                                                                                                     | <b>= \$2,080</b>                                               |
| <small>* Monthly premium effective 11/1/12 for a male age 26 living in Northern Virginia. HIPAA rates will be higher. Please refer to the enclosed rate sheet.</small> |                                                                                                                                      | <b>\$1,600 in Savings</b>                                      |

*We used BluePreferred, a Preferred Provider Organization, \$500 plan for comparison purposes which has different cost-sharing, rules and benefits.*



## Meet Amanda

Amanda loves being in her thirties. She's at a new place of confidence and financially savvy. Yet, her self-employed career comes without employer-sponsored health insurance. Juggling deadlines and staying active have left Amanda with little time to compare plans. In the meantime, Amanda saw the dermatologist. Between the visit, her doctor-recommended biopsy and prescriptions, she was shocked at the high-cost of her medical bill.

Now, Amanda knows health insurance is a necessity—not a luxury. She made the time to research and found HealthyBlue Advantage HSA. Finally, she has a health plan to match her financial plan:

- **No charge preventive care visits.** Amanda is thrilled that her annual doctor and OB/GYN visits are no charge and no hassle.
- **In-network benefits wherever she goes.** Traveling for work is a requirement. Amanda was relieved to find that HealthyBlue Advantage HSA follows her—across the country and around the world.
- **Tax savings.** The Health Savings Account allows Amanda to invest her hard-earned money into an interest-accruing account—where she gets three levels of tax savings!
- **Rewards.** Amanda selected a PCP, completed her health assessment and evaluation with her doctor and earned \$125. She invested her reward into her HSA.
- **Health and wellness discounts.** After showing her CareFirst BlueChoice membership card, Amanda got a reduction on her yoga membership, magazine subscription and massage services.
- **Vision care & dental discounts.** Amanda used her benefits to get a discount on new contacts and a discounted dental cleaning.

**Amanda saved over \$900 annually by choosing HealthyBlue Advantage HSA!**

**\$198/month\***

|                                                                                | PPO Plan<br>with \$500 deductible                                                                                                                | HealthyBlue Advantage HSA Plan<br>with \$5,000 deductible                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>12 Months of Premium*</b>                                                   | \$3,924                                                                                                                                          | \$2,376                                                                                                                  |
| <b>Medical Expenses</b><br>(estimated \$2,000 medical claim)                   | +\$800 (Amanda would pay \$500 to meet her deductible + \$300 in coinsurance expenses*)<br><small>*20% of the remaining \$1,500 expenses</small> | +\$2,000 (applied to deductible)<br>(Amanda used \$2,000 she had contributed to her HSA to pay for her medical expenses) |
| <b>Total Expenses</b> (annual premium and medical expenses)                    | <b>= \$4,724</b>                                                                                                                                 | <b>= \$4,376</b>                                                                                                         |
| <b>Estimated Federal Tax Savings</b>                                           | N/A                                                                                                                                              | -\$560<br>(Amanda's \$2,000 HSA contribution X estimated 28% federal tax bracket = her tax savings)                      |
| <b>Total Net Expenses</b> (total expenses minus estimated federal tax savings) | <b>\$4,724</b>                                                                                                                                   | <b>\$3,816</b>                                                                                                           |
|                                                                                |                                                                                                                                                  | <b>Over \$900 in Savings</b>                                                                                             |

\* Monthly premium effective 11/1/12 for a female age 38 living in Northern Virginia. HIPAA rates will be higher. Please refer to the enclosed rate sheet.

*We used BluePreferred, a Preferred Provider Organization, \$500 plan for comparison purposes which has different cost-sharing, rules and benefits.*



# A Plan For You



## Meet Linda

Linda recently switched to a part-time job and she's finally finding time to relax. Like most people in their 50s, the busy world of starting and raising a family, building a career, and balancing a mortgage and other household bills is no longer a focal point. Unfortunately, her part-time job does not offer health insurance. Medicare is still many years down the road and Linda knows it's too risky to "wait it out."

That's why she enrolled in HealthyBlue Advantage HSA. She wanted a plan that fits her life today. One that protects her savings from the high cost of health care and respects the fact that, at this stage in her life, she is just as concerned with saving for retirement as she is with getting reasonably-priced health care.

- **No charge preventive care visits.** Linda loves that her annual check-ups and screenings are easy and cost nothing.
- **Coverage when you travel.** Between visits to her kids living in different states and her own snowbird vacations, Linda spends a lot of her time traveling. That's why it was a relief to discover that HealthyBlue Advantage HSA provided medical coverage for all her trips.
- **Tax savings.** The Health Savings Account allows unused funds to rollover and accumulate year to year.

Linda is close to depositing the maximum amount monthly so that when she turns 65, she can use the money as retirement savings. The maximum amount you can contribute is \$3,100 in 2012. *Members 55 and older can contribute an additional \$1,000.*

- **Health and wellness discounts.** After showing her CareFirst BlueChoice membership card, Linda got a discount at her gym and personal training sessions. Then, she went to the spa and got another discount—now that's how you reduce stress!

**Linda saved over \$2,900 annually by choosing HealthyBlue Advantage HSA!** **\$278/month\***

|                                                                                | PPO Plan<br>with \$500 deductible                                                                                                         | HealthyBlue Advantage HSA Plan<br>with \$5,000 deductible                                                               |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>12 Months of Premium**</b>                                                  | \$7,980                                                                                                                                   | \$3,336                                                                                                                 |
| <b>Medical Expenses</b><br>(estimated \$4,000 medical claim)                   | +\$1,200 (Linda would pay \$500 to meet her deductible + \$700 in coinsurance expenses*)<br><i>*20% of the remaining \$3,500 expenses</i> | +\$4,000 (applied to deductible)<br>(Linda used \$4,000 she had contributed to her HSA to pay for her medical expenses) |
| <b>Total Expenses</b> (annual premium and medical expenses)                    | <b>= \$9,180</b>                                                                                                                          | <b>= \$7,336</b>                                                                                                        |
| <b>Estimated Federal Tax Savings</b>                                           | N/A                                                                                                                                       | -\$1,120<br>(Linda's \$4,000 HSA contribution X estimated 28% federal tax bracket = her tax savings)                    |
| <b>Total Net Expenses</b> (total expenses minus estimated federal tax savings) | <b>\$9,180</b>                                                                                                                            | <b>\$6,216</b>                                                                                                          |

\* Monthly premium effective 11/1/12 for a female age 55 living in Northern Virginia. HIPAA rates will be higher. Please refer to the enclosed rate sheet.

**Over \$2,900 in Savings**

*We used BluePreferred, a Preferred Provider Organization, \$500 plan for comparison purposes which has different cost sharing, rules and benefits*

# What's Covered



*HealthyBlue. Focused on you.*





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manage your health.

Visit [www.carefirst.com/individual](http://www.carefirst.com/individual) to learn more today.

# HealthyBlue Advantage HSA/HIPAA

## Summary of Benefits

- Choose Your Plan:**
- **HealthyBlue Advantage HSA \$1,500** (Individual In-Network Deductible)
  - **HealthyBlue Advantage HSA \$3,000** (Individual In-Network Deductible)
  - **HealthyBlue Advantage HSA \$4,000** (Individual In-Network Deductible)
  - **HealthyBlue Advantage HSA \$5,000** (Individual In-Network Deductible)

| Program Details                                                                              | In-Network                                                                 |                                                 | Out-of-Network                                                |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------|
|                                                                                              | In CareFirst Service Area<br>(CareFirst BlueChoice)                        | Out of CareFirst Service Area<br>(BlueCard PPO) | Any other Provider (you may be<br>subject to balance billing) |
| PCP Selection Required                                                                       | No                                                                         |                                                 | No                                                            |
| Referrals Required                                                                           | No                                                                         |                                                 | No                                                            |
| <b>LIFETIME MAXIMUM</b>                                                                      | None                                                                       |                                                 | None                                                          |
| <b>PREVENTIVE SERVICE</b>                                                                    |                                                                            |                                                 |                                                               |
| Routine Adult Physical<br>(Including routine OB/GYN Visits)                                  | No Charge                                                                  |                                                 | Deductible, then No Charge                                    |
| Well-Child Care<br>(including exams and immunizations)                                       | No Charge                                                                  |                                                 | Deductible, then No Charge                                    |
| Cancer Screening (Pap test,<br>Mammography, Prostate Screening, and<br>Colorectal Screening) | No Charge                                                                  |                                                 | Deductible, then No Charge                                    |
| <b>OFFICE VISITS, LABS AND TESTING</b>                                                       |                                                                            |                                                 |                                                               |
| Office Visits for Illness                                                                    | PCP: Deductible, then No Charge<br>Specialist: Deductible, then \$40 Copay |                                                 | Deductible, then \$75 Copay                                   |
| Office Visits for Physical, Occupational<br>and Speech Therapy, Chiropractic                 | Deductible, then \$40 Copay                                                |                                                 | Deductible, then \$75 Copay                                   |
| Diagnostic/Lab Tests                                                                         | Deductible, then \$40 Copay                                                |                                                 | Deductible, then \$75 copay                                   |
| X-ray                                                                                        | Deductible, then \$40 Copay                                                |                                                 | Deductible, then \$75 copay                                   |
| <b>EMERGENCY CARE</b>                                                                        |                                                                            |                                                 |                                                               |
| Emergency Room (waived if admitted)                                                          | Deductible, then \$200 Copay                                               |                                                 | Deductible, then \$200 Copay                                  |
| Urgent Care Center (Participating)                                                           | Deductible, then \$50 Copay                                                |                                                 | Deductible, then \$50 Copay                                   |
| Ambulance (when medically necessary)                                                         | Deductible, then \$50 Copay                                                |                                                 | Deductible, then \$50 Copay                                   |
| <b>HOSPITALIZATION</b>                                                                       |                                                                            |                                                 |                                                               |
| Inpatient Facility Services                                                                  | Deductible, then \$450 per day copay                                       |                                                 | Deductible, then \$700 per day copay                          |
| Inpatient Physician Services                                                                 | Deductible, then \$40 copay                                                |                                                 | Deductible, then \$125 copay                                  |
| Outpatient Surgery Facility Services<br>(Freestanding facility)                              | Deductible, then \$40 copay                                                |                                                 | Deductible, then \$125 copay                                  |
| Outpatient Surgery Facility Services<br>(Hospital facility)                                  | Deductible, then \$200 copay                                               |                                                 | Deductible, then \$500 copay                                  |
| Outpatient Physician Services                                                                | Deductible, then \$40 copay                                                |                                                 | Deductible, then \$125 copay                                  |
| <b>ADDITIONAL NURSING SERVICES</b>                                                           |                                                                            |                                                 |                                                               |
| Skilled Nursing                                                                              | Deductible, then \$40 Copay                                                |                                                 | Deductible, then \$125 copay                                  |
| Home Health Services                                                                         | Deductible, then \$40 Copay                                                |                                                 | Deductible, then \$125 copay                                  |
| Hospice                                                                                      | Deductible, then \$40 Copay                                                |                                                 | Deductible, then \$125 copay                                  |
| <b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>                                                     |                                                                            |                                                 |                                                               |
| Inpatient Facility Services                                                                  | Deductible, then \$450 per day copay                                       |                                                 | Deductible, then \$700 per day copay                          |
| Inpatient Physician Services                                                                 | Deductible, then \$40 copay                                                |                                                 | Deductible, then \$125 copay                                  |
| Outpatient Services                                                                          | Deductible, then \$10 copay                                                |                                                 | Deductible, then \$10 copay                                   |
| <b>DURABLE MEDICAL EQUIPMENT</b>                                                             | Deductible, then \$40 Copay                                                |                                                 | Deductible, then \$125 copay                                  |
| <b>MATERNITY SERVICES</b>                                                                    |                                                                            |                                                 |                                                               |
| Office Visits (pre and postnatal)                                                            | Deductible, then \$40 Copay                                                |                                                 | Deductible, then \$75 copay                                   |
| Delivery                                                                                     | Deductible, then \$450 per day copay                                       |                                                 | Deductible, then \$700 per day copay                          |

## 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.

# HealthyBlue Advantage HSA

## Summary of Benefits

### Prescription Drug Benefits

HealthyBlue Advantage HSA members **pay nothing—not even a copay—for select generic prescription drugs**. All other generic drugs require you to meet your deductible first, then there's no charge.

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.

| Prescription Drug Benefits                                                                                                                                                                                                                                       | Amount                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HealthyBlue Select Generic Drugs</b><br><b>Preferred Preventive Drugs</b><br>(up to a 34-day supply)<br><br>A complete list of HealthyBlue Select Generics can be found at <a href="http://www.carefirst.com/healthyblue">www.carefirst.com/healthyblue</a> . | <b>\$0, no deductible</b>                                                                                                                                                                   |
| <b>All Other Generics (Tier 1)</b><br>(up to a 34-day supply)                                                                                                                                                                                                    | <b>Deductible, then \$0 copay</b>                                                                                                                                                           |
| <b>Preferred Brand Name Drugs (Tier 2)</b><br>(up to a 34-day supply)                                                                                                                                                                                            | Deductible, then \$45 copay                                                                                                                                                                 |
| <b>Non-Preferred Brand Name Drugs (Tier 3)</b><br>(up to a 34-day supply)<br><br>A complete list of Tier 1–Tier 3 drugs can be found at <a href="http://www.carefirst.com/rx">www.carefirst.com/rx</a> .                                                         | Deductible, then up to a \$200 copay<br>(If drug discount brings the cost of the drug under \$200, you pay the lower discounted price. <i>You will never pay more than a \$200 copay.</i> ) |

You can also receive maintenance medication, for 2½ times the monthly copay, up to a 90-day supply, for Tier 2 and Tier 3 drugs. Copays are not required for a 90-day supply of generic drugs.



# 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. All insurance policyholders are entitled to receive a “Certificate of Creditable Coverage” when leaving one insurance plan for another. This Certificate lists the amount of time a policyholder has accumulated in their health insurance plan, and can be used to eliminate the need for completing a medical questionnaire and reduce a pre-existing waiting period (which could be up to 12 months).

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To enroll in HealthyBlue 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 or more months of creditable coverage with no more than a 63-day break in coverage. With the most recent coverage under individual health insurance coverage, an employer-sponsored plan, governmental plan, church plan, State Children’s Health Insurance Plan (S-CHIP) or benefit plan offered in conjunction with any of these plans. Certificates of Creditable Coverage must indicate at least 18 months of aggregate health insurance coverage.
  - 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 these were 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 your failure to pay the required premium, or because you made fraudulent or intentional misrepresentations.



# Dental and Vision

## Dental Discounts *(Included)*

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

That's why CareFirst BlueChoice members have access to a regional network of dentists (including specialists, where available) who provide discounts of between 20% and 40% on virtually all types of dental procedures, including routine office visits, X-rays, exams, fillings, root canals and even orthodontics.

The BlueChoice Discount Dental program is included at no additional charge as part of your CareFirst BlueChoice medical plan and is administered by The Dental Network, an independent licensee of the Blue Cross and Blue Shield Association.

CareFirst BlueChoice members need only show their CareFirst BlueChoice identification card when visiting any participating plan provider to receive dental services at discounted fees. Because the Discount Dental program is not insurance, there are no claim forms, no maximums and no deductibles.



## Upgraded Dental *(Optional)*

We offer three upgraded dental options in the Individual Select product family: **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 3,600 participating providers and 100% coverage for preventive and diagnostic dental care. 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 for 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.

# Dental and Vision

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## 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 care 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 BlueChoice products or services. The company is solely responsible for its products, services and/or discounts mentioned herein.





# health+wellness

take charge.

As a 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**

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—First Help™**

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 assessment as part of the Healthy Rewards process, 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.



# How Your Plan Works



*HealthyBlue. Focused on you.*



# u

get rewarded.

Visit [www.carefirst.com/individual](http://www.carefirst.com/individual) to learn more today.

# Manage Your Health Care and Save

As a HealthyBlue Advantage HSA member, you have the flexibility and freedom to choose from both in- and out-of-network providers.

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## In-Network—Biggest savings to you

Save the most money by using providers and facilities in the CareFirst BlueChoice network. If you access care outside of Maryland, the District of Columbia and Northern Virginia, you can still receive in-network benefits by visiting a BlueCard® PPO provider. BlueCard® PPO providers who have a specialty of family practice, general pediatrics, general practice, geriatrics and general internal medicine will be considered as PCPs.

- 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, OB/GYN visits, well-child care/immunizations, cholesterol/blood pressure screenings, and cancer screenings (mammograms, PAP tests, prostate and colorectal).
- Pay the lowest annual deductible and copays.
- Pay the lowest out-of-pocket costs for all services.

## Out-of-Network—Greater flexibility with higher costs

One of the biggest benefits of HealthyBlue Advantage HSA is that you can visit any doctor or specialist and still have coverage. However, providers who are not in the CareFirst BlueChoice network or BlueCard® PPO network are considered out-of-network and you will pay a higher deductible and copay. Also, you may be responsible for:

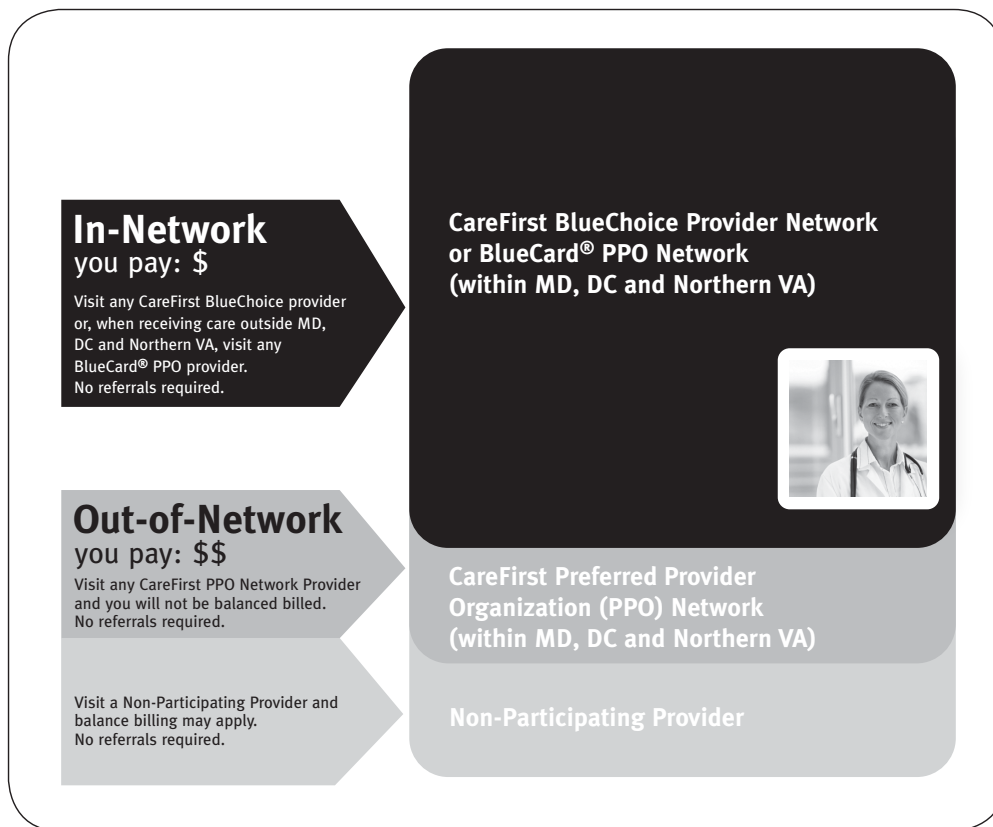
- Paying the doctor's actual charge at the time you receive care.
- Filing your claim for reimbursement.
- Balance billing charges. This means your doctor may charge you more than the allowed benefit. Allowed Benefit is the amount CareFirst BlueChoice has agreed to pay for a covered service.

**Maryland residents:** Providers subject to the laws of the State of Maryland cannot balance bill you for amounts over the allowed benefit.



Find a doctor by visiting [www.carefirst.com/doctor](http://www.carefirst.com/doctor)

# Manage Your Health Care and Save



## Meeting Your Deductible

While preventive services are available at no cost, you have an annual deductible to meet for most services with HealthyBlue Advantage HSA. This means some health care costs that you and your family members incur before you meet your deductible are your responsibility.

If you have individual coverage, you must meet the individual deductible. If you have family coverage, the deductible expenses of all family members covered under the plan are combined to meet the family deductible.

All of your deductible expenses count toward both the in-network and out-of-network deductibles. For example, if you pay \$200 in medical expenses for a procedure performed by an in-network doctor, both your remaining out-of-network and your remaining in-network deductibles will be reduced by \$200.

Once you meet your deductible, you then receive the full benefit of your coverage for the remainder of your enrollment year.

Even if you haven't met your annual deductible yet, you still receive the benefit of CareFirst BlueChoice's negotiated discount rates with all participating providers. We call this discount your "allowed benefit." It means big savings over what you would be paying if you weren't a member.

## Out-of-Pocket Maximum

Your out-of-pocket maximum is the maximum amount you'll pay in deductibles, copays and coinsurance during each calendar year. Should you ever reach your out-of-pocket maximum, CareFirst BlueChoice will then pay 100% of the allowed benefit for all covered services for the remainder of the benefit period.

# Manage Your Health Care and Save

Keep in mind that in-network preventive office visits and screenings are not subject to the deductible. This includes annual routine examinations, OB/GYN visits, well-child care/immunizations, cholesterol/blood pressure screenings and cancer screenings (mammograms, PAP tests, prostate and colorectal).

## Choose from four deductible options.

The higher your deductible, the lower your monthly premium.

|                                                                                                                                                     | \$1,500                                                                                                                | \$3,000                                                                                                                | \$4,000                                                                                                                | \$5,000                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                     | You Pay                                                                                                                |                                                                                                                        |                                                                                                                        |                                                                                                                        |
| 1. First, you pay all costs you incur for health care until you meet the annual <b>DEDUCTIBLE</b> .                                                 | <b>In-Network</b><br>Ind: \$1,500<br>Family: \$3,000<br><br><b>Out-of-Network</b><br>Ind: \$3,000<br>Family: \$6,000   | <b>In-Network</b><br>Ind: \$3,000<br>Family: \$6,000<br><br><b>Out-of-Network</b><br>Ind: \$4,500<br>Family: \$9,000   | <b>In-Network</b><br>Ind: \$4,000<br>Family: \$8,000<br><br><b>Out-of-Network</b><br>Ind: \$5,500<br>Family: \$11,000  | <b>In-Network</b><br>Ind: \$5,000<br>Family: \$10,000<br><br><b>Out-of-Network</b><br>Ind: \$6,050<br>Family: \$12,100 |
| 2. After you meet your deductible, CareFirst BlueChoice pays medical costs, and you pay a set <b>COPAY</b> or <b>COINSURANCE</b> for some services. | <b>In-Network</b><br>Copay, if any, varies by service<br><br><b>Out-of-Network</b><br>Copay, if any, varies by service |                                                                                                                        |                                                                                                                        |                                                                                                                        |
| 3. Your payments for covered expenses (deductibles, copays and coinsurance) in any year will not exceed your <b>OUT-OF-POCKET MAXIMUM</b> .         | <b>In-Network</b><br>Ind: \$3,000<br>Family: \$6,000<br><br><b>Out-of-Network</b><br>Ind: \$4,000<br>Family: \$8,000   | <b>In-Network</b><br>Ind: \$5,000<br>Family: \$10,000<br><br><b>Out-of-Network</b><br>Ind: \$6,000<br>Family: \$12,000 | <b>In-Network</b><br>Ind: \$6,000<br>Family: \$12,000<br><br><b>Out-of-Network</b><br>Ind: \$7,000<br>Family: \$14,000 | <b>In-Network</b><br>Ind: \$6,050<br>Family: \$12,100<br><br><b>Out-of-Network</b><br>Ind: \$7,500<br>Family: \$15,000 |
| 4. Once you meet your out-of-pocket maximum, CareFirst BlueChoice pays all remaining charges for the rest of the benefit period.                    | <b>In-Network</b><br>No charge<br><br><b>Out-of-Network</b><br>No charge up to the allowed benefit                     |                                                                                                                        |                                                                                                                        |                                                                                                                        |



# Opening a Health Savings Account

Your HealthyBlue Advantage HSA plan allows you to take advantage of the benefits of a Health Savings Account (HSA), a tax-deductible account that works like an IRA for health expenses or a Flexible Savings Account. You can use the money in your HSA to cover you, your spouse and your dependents—even if they are not enrolled in your medical plan.

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

- **Tax Savings**—Deposits are tax-free\*, interest earnings are tax-free, and withdrawals for qualified medical expenses are tax-free.
- **Freedom and Control**—Use the money in your HSA to pay for a wide range of medical services such as your copays, prescriptions and dental and vision care. Bottom line: You get to decide how and when to spend your health care dollars.
- **Affordability**—Instead of paying for traditional high-cost health insurance, this higher deductible health plan allows you to save money on premiums and contribute to an HSA.
- **Portability**—Your money remains with you even if you make changes to your health plan or move out of state.
- **Growth**—Balances grow significantly by earning interest. You can also use other bank investment services to grow your savings even more.
- **Long-Term Access**—Unused funds rollover and accumulate year to year; no “use it or lose it” rule.

*\*Consult your tax-advisor*

And, when you are age 65, you can use the money as retirement savings, or continue to use it for medical expenses.

Many banks or other financial institutions have a HSA program available. However, for your convenience, CareFirst BlueChoice has partnered with The Bancorp Bank.\*\* Some key advantages of a HSA administered by The Bancorp Bank, include:

- No opening deposit minimums or application fees.
- A free Visa® debit card and a free package of 50 checks for easy payment of your qualified medical expenses.
- Access to free 24/7 customer service and online banking.
- A Funds Transfer service to safely and securely transfer your money.

When you apply for HealthyBlue Advantage HSA, your contact information will be sent to The Bancorp Bank, who will send you information on how to set up your health savings account. Or, sign up for your health savings account right away by visiting **[www.my-healthsavingsaccount.com](http://www.my-healthsavingsaccount.com)**.

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



Sign up for your health savings account by visiting  
**[www.my-healthsavingsaccount.com](http://www.my-healthsavingsaccount.com)**.

# Healthy Reward

## *Take Control & Get Rewarded*

Taking control of your health has its rewards. As a member of HealthyBlue Advantage HSA, you are eligible to receive between \$125-\$225 for you or \$325-\$525\* for your entire family each year in the form of a gift card or contribution to your HSA account.

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You can use the gift card to help pay your medical plan premium or toward medical expenses—like copays or deductibles. Or you can use it for gym memberships, athletic equipment and other fitness-related items. Visit [www.carefirst.com/healthyblue](http://www.carefirst.com/healthyblue) for a full list of eligible items.

**In order to receive the full benefit of HealthyBlue Advantage HSA and earn your Healthy Reward, each member (age 2 and up) needs to complete Steps 1–3 within 180 days of your effective date.**

### **Step 1: Select your personal PCP.**

- Select a CareFirst BlueChoice PCP by visiting [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) or call the Member Services phone number listed on your ID card.

### **Step 2: Complete the online Health Assessment and consent to sharing the information with your PCP.**

- Register online for *MyAccount* at [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount).
- Click the *Manage My Health* tab followed by Health Assessment and Coaching to take your Health Assessment. Then answer some health and lifestyle questions—it's simple.
- Remember to check the consent box to share the information with your PCP.
- If you don't have Internet access, call (866) 454-5375 to request a paper copy of the Health Assessment.

### **Step 3: Work with your PCP to complete the Health and Wellness Evaluation Form—then submit it to CareFirst BlueChoice.**

- Schedule an appointment with your PCP as soon as you can. Be sure to bring the Health and Wellness Evaluation Form\*\* and the instructions with you. You can download a copy from [www.carefirst.com/healthyblue](http://www.carefirst.com/healthyblue). The form lists a variety of questions you need to answer about your health screenings, flu shots, cholesterol, and body mass index (BMI). Your PCP will complete your assessment.
- Once all of the health measures have been recorded and reviewed, the Health and Wellness Evaluation Form is ready for you and your PCP to sign. Signing the form tells CareFirst BlueChoice that both you and your PCP have reviewed your results. You'll be responsible for submitting the completed form to CareFirst BlueChoice. Just follow the directions on the form.

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

\*\* Depending on your doctor's office policy, you may be charged an administrative fee to fill out the form.

# Healthy Reward

Take Control & Get Rewarded

## Get Your Healthy Reward

Once you complete the 3 steps, including the consent to share results with your PCP, you'll receive your reward (*see chart below*). You can select to receive your reward from one of the following options:

### 1) Healthy Reward Gift Card

We'll send your reward money in the form of a gift card. Use your gift card toward your medical plan premium deductible, or toward gym memberships, athletic equipment and other fitness-related items. Visit [www.carefirst.com/healthyblue](http://www.carefirst.com/healthyblue) for a full list of eligible items.

### 2) Healthy Reward HSA Account Deposit

You may choose any bank for your HSA; however, you must sign up with The Bancorp Bank in order to have your reward money deposited into your HSA.

Be sure to register online for *My Account* and select this option. You must have an HSA open with our preferred vendor, Bancorp Bank, to select this reward option. Otherwise we cannot deposit your reward money into your account. Go to [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) to register and provide authorization for this choice.

Once you've completed your steps, and have been enrolled in HealthyBlue Advantage HSA for 90-days, you'll receive your Healthy Reward gift card. Allow 4-6 weeks for processing.

## Incentive Reward Amounts

| Plan    | Individual Reward | Child Reward | Individual/ Adult Maximum | Individual/ Child(ren) Maximum | Family Maximum |
|---------|-------------------|--------------|---------------------------|--------------------------------|----------------|
| \$1,500 | \$225             | \$25         | \$450                     | \$300                          | \$525          |
| \$3,000 | \$165             | \$25         | \$330                     | \$240                          | \$405          |
| \$4,000 | \$140             | \$25         | \$280                     | \$215                          | \$355          |
| \$5,000 | \$125             | \$25         | \$250                     | \$200                          | \$325          |

*Please note children under age 2 are not eligible for Healthy Rewards.*

**Apply  
Today!**



*HealthyBlue. Focused on you.*



# u

have the control.

Visit [www.carefirst.com/individual](http://www.carefirst.com/individual) to learn more today.

# Apply Today for HealthyBlue Advantage HSA

## Three ways to apply!

Applying for a HealthyBlue Advantage HSA plan is easy. Select one of the three ways to apply from the list below. To be eligible, each family member applying must be a resident of Northern Virginia. The service area includes the cities of Alexandria and Fairfax, the town of Vienna, Arlington County, and the areas of Fairfax and Prince William counties in Virginia lying east of Route 123.

1. Apply 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.

## Steps to apply.

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

The enclosed rate charts, which indicate coverage type, age and gender, show your monthly premium.

### 2. Choose a coverage type.

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

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

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

### 3. Choose a plan.

Select a plan option: **HealthyBlue Advantage HSA \$1,500, \$3,000, \$4,000 or \$5,000.**

Make sure you select "yes" in the Dental benefit selection area on the application if you would like the Individual Select Dental HMO added to your plan for an additional 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 BlueChoice website at **[www.carefirst.com/individual](http://www.carefirst.com/individual)**.

### 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)**.

# Additional Information



*HealthyBlue. Focused on you.*



A large, stylized lowercase letter 'u' in a medium blue color, centered on a light blue background. The 'u' has a thick, rounded stroke.

save money.

Visit [www.carefirst.com/individual](http://www.carefirst.com/individual) to learn more today.

# Privacy Practices

## *Our Commitment to Our Members*

When you apply for any type of insurance, you disclose information about yourself and/or members of your family. The collection, use and disclosure of this information are regulated by law. Safeguarding your personal information is something that we take very seriously at CareFirst BlueChoice. CareFirst BlueChoice 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 BlueChoice, 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 BlueChoice 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 BlueChoice employees, brokers, benefit plan administrators, consultants, business partners, providers and agents who need to know this information to conduct CareFirst BlueChoice 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 BlueChoice are subject to strict confidentiality laws. Affiliated entities are companies that are a part of the CareFirst BlueChoice 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 BlueChoice 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.

# Privacy Practices

## *Our Commitment to Our Member*

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

CareFirst BlueChoice 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 BlueChoice 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

## 12.1 Coverage is not provided for:

- A. Any services, tests, procedures, or supplies which CareFirst BlueChoice determines are not necessary for the prevention, diagnosis, or treatment of the Member's illness, injury, or condition. Although a service or supply 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 CareFirst BlueChoice's judgment, 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 this 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 do not meet all other conditions and criteria for coverage as determined by CareFirst BlueChoice.
  - E. Routine, palliative, or Cosmetic foot care (except for conditions determined by CareFirst BlueChoice to be Medically Necessary), including flat foot conditions, supportive devices for the foot, treatment of subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toe nails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet.
  - F. Any type of dental care (except treatment of accidental bodily injuries or oral surgery, 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 and periodontal disease, removal of teeth, orthodontics, replacement of teeth, or any other dental services or supplies, unless provided in a separate rider or amendment to this Agreement. All other procedures involving the teeth or areas and structures surrounding and/or supporting the teeth, including surgically altering the mandible or maxillae (orthognathic surgery) for Cosmetic purposes or for correction of malocclusion unrelated to a documented functional impairment are excluded.
  - G. Benefits will not be provided for Cosmetic surgery (except as specifically provided for Reconstructive Breast Surgery and Reconstructive Surgery and services for cleft lip or cleft palate or both, as listed above) or other services primarily intended to correct, change or improve appearances.
  - H. Treatment rendered by a health care provider who is a member of the Member's family (e.g., parents, Spouse, Domestic Partner brothers, sisters, and children).
  - I. Any prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Agreement. Medications that can be self-administered or 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 office or provider facility except as otherwise provided in this Description of Covered Services. Benefits for prescription drugs may be available through a rider attached to the Agreement.
  - J. All non-prescription drugs, medications, biologicals, and Over-the-Counter disposable supplies, routinely obtained and self-administered by the Member, except as stated in the Description of Covered Services or the Prescription Drug Benefits Rider attached to this Agreement. Over-the-Counter means any item or supply, as determined by CareFirst BlueChoice, that is available for purchase without a prescription, unless otherwise a Covered Service. This includes, but is not limited to, non-prescription eye wear, family planning and contraception products, cosmetics or health and beauty aids, food and nutritional items, support devices, non-medical items, foot care items, first aid and miscellaneous medical supplies (whether disposable or durable), personal hygiene supplies, incontinence supplies, and Over-the-Counter medications and solutions, except for Over-the-Counter medication or supply dispensed under a written prescription by a health care provider that is identified in the current recommendations of the United States Preventive Services Task Force that have in effect a rating of "A" or "B".
  - K. Any procedure or treatment designed to alter an individual's physical characteristics to those of the opposite sex.
  - L. Services to reverse voluntary, surgically induced infertility, such as a reversal of sterilization.
  - M. All assisted reproductive technologies including artificial insemination and intrauterine insemination, 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.
  - N. Fees or charges relating to fitness programs, weight loss or weight control programs; physical conditioning; exercise programs; and use of passive or patient-activated exercise equipment other than Medically Necessary and approved Cardiac Rehabilitation and pulmonary rehabilitation programs.
  - O. Treatment for weight reduction, obesity, dietary control and/or commercial weight loss programs. This exclusion does not apply to:
    - 1. Surgical treatment of morbid obesity;
    - 2. Well child care visits for obesity evaluation and management;
    - 3. Evidence-based items or services for preventive care and screening for obesity that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF);
    - 4. For infants, children, and adolescents, evidence-informed preventive care and screening for obesity provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
    - 5. Office visits for the treatment of childhood obesity; and
    - 6. Professional Nutritional Counseling and Medical Nutrition Therapy.
  - P. Medical or surgical treatment of myopia or hyperopia. Coverage is not provided for radial keratotomy and any other forms of refractive keratoplasty, or any complications.
  - Q. Services furnished as a result of a referral prohibited by law.
  - R. Services solely required or sought on the basis of a court order or as a condition of parole or probation unless authorized or approved by CareFirst BlueChoice.
  - S. Health education classes and self-help programs, other than birthing classes or for the treatment of diabetes.
  - T. Acupuncture services except when approved or authorized by CareFirst BlueChoice 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 BlueChoice even though they may have therapeutic value or be provided by a health care provider.
  - V. Coverage under this Agreement does not include the cost of services or payment for services for any illness, injury or condition for which, or as a result of which, a Benefit (as defined below) is provided or is required to be provided either:
    - 1. Under any federal, state, county or municipal workers' compensation or employer's liability law or other similar program; or
    - 2. From any federal, state, county or municipal facility or other government agency, including, in the case of service-connected disabilities, the Veterans Administration, to the extent that Benefits are payable by the federal, state, county or municipal facility or other government agency and provided at no charge to the Member, but excluding Medicare benefits and Medicaid benefits.
- Benefit as used in this provision includes a payment or any other benefit, including amounts received in settlement of a claim for benefits.

# Exclusions and Limitations

- W. Private duty nursing.
- X. Non-medical, health care provider services, including, but not limited to:
  - 1. Telephone consultations, except as provided for telemedicine services in Section 1.1 Y, failure to keep a scheduled visit, completion of forms (except for forms that may be required by CareFirst BlueChoice), copying charges or other administrative services provided by the health care practitioner or the healthcare 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. Educational therapies intended to improve academic performance.
- Z. Vocational rehabilitation and employment counseling.
- AA. Routine eye examinations, frames and lenses or contact lenses. Benefits for routine eye examinations, frames and lenses or contact lenses may be available through a rider attached to the Agreement. This exclusion does not apply to evidence-informed preventive care and screenings, including oral and vision care, provided for in the comprehensive guidelines supported by the Health Resources and Services Administration for infants, children, and adolescents.
- BB. Custodial, personal, or domiciliary care that is provided to meet the activities of daily living, e.g., bathing, toileting and eating (care which may be provided by persons without professional medical skills or training).
- CC. Work hardening programs. Work hardening programs are 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.
- DD. Treatment of sexual dysfunctions or inadequacies including, but not limited to, surgical implants for impotence, medical therapy, drug therapy, and psychiatric treatment.
- EE. Travel (except for Medically Necessary air transportation and ground ambulance, as determined by CareFirst BlueChoice and CareFirst BlueChoice approved services listed in Section 1.3, Organ and Tissue Transplants).
- FF. Durable Medical Equipment or Supplies associated or used in conjunction with non-covered items or services.
- GG. Services required solely for employment, insurance, foreign travel, school, camp admissions or participation in sports activities.

## **12.2 Autism Spectrum Disorder. Coverage is not provided for:**

Services delivered through school services; Members under age two (2); and Members age seven (7) and older.

## **12.3 Organ and Tissue Transplants. Coverage is not provided for:**

- A. Non-human organs and their implantation. This exclusion will not be used to deny Medically Necessary, non-experimental skin grafts that are covered under the Agreement.
- 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 that are not for the recipient Member and a companion (or two companions if the Member is under age 18).
- 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 Agreement.

## **12.4 Inpatient Hospital Services. Coverage is not provided for:**

- A. Private room, unless Medically Necessary and authorized or approved by CareFirst BlueChoice. 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 that had not been authorized or approved by CareFirst BlueChoice, whether or not services are Medically Necessary and/or meet all other conditions for coverage.
- D. Private duty nursing.
- E. Admissions to a facility that is a convalescent home, convalescent rest or nursing facilities, facilities primarily affording custodial, educational or

rehabilitative care, or facilities for the aged, drug addicts or alcoholics.

## **12.5 Home Health Services. Coverage is not provided for:**

- A. Private duty nursing.
- B. Custodial Care.

## **12.6 Hospice Benefits. Coverage is not provided for:**

- A. Services, visits, medical equipment or supplies that are not included in CareFirst BlueChoice-approved plan of treatment.
- B. Financial and legal counseling.
- C. Any service for which a Qualified Hospice Care Program does not customarily charge the patient or his or her family.
- D. Chemotherapy or radiation therapy, unless used for symptom control.
- E. Services, visits, medical/surgical equipment or supplies; including equipment and medication not required to maintain the comfort and to manage the pain of the terminally ill Member.
- F. Reimbursement for volunteer services.
- G. Custodial Care; domestic or housekeeping services.
- H. Meals on Wheels or similar food service arrangements.
- I. Rental or purchase of renal dialysis equipment and supplies.
- J. Private duty nursing.

## **12.7 Outpatient Mental Health and Substance Abuse. Coverage is not provided for:**

- A. Psychological testing, unless Medically Necessary, as determined by CareFirst BlueChoice, and appropriate within the scope of Covered Services.
- B. Services solely on court order or as a condition of parole or probation unless approved or authorized by the CareFirst BlueChoice Medical Director.
- C. Intellectual disability, after diagnosis.
- D. Psychoanalysis.

## **12.8 Inpatient Mental Health and Substance Abuse. Coverage is not provided for:**

- A. Admissions as a result of a court order or as a condition of parole or probation unless approved or authorized by the CareFirst BlueChoice Medical Director.
- B. Custodial Care.
- C. Observation or isolation.

## **12.9 Emergency Services and Urgent Care. Benefits for Emergency Services and Urgent Care will not be provided for:**

- A. Charges for services when the claims filing and notice procedures stated in Section 7 of the Agreement have not been followed by the Member.
- B. Except for covered ambulance services, travel, including travel required to return to the Service Area, whether or not recommended by the Member's treating physician.

## **12.10 Medical Devices and Supplies. Coverage is not provided for:**

- A. Convenience item. Any item that increases physical comfort or convenience without serving a Medically Necessary purpose, e.g. elevators, hoist/stair lifts, ramps, shower/bath bench.
- B. Furniture items. Movable articles or accessories which 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. Any device 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, contact lenses, dental prostheses or appliances, or hearing aids. Benefits for eyeglasses and contact lenses may be available through a rider attached to the Agreement.
- G. Corrective shoes, unless they are an integral part of the lower body brace, shoe lifts or special shoe accessories.
- H. Medical equipment/supplies of an expendable nature, except those specifically listed as a Covered Medical Supplies in this Description of Covered Services. Non-covered supplies include incontinence pads or ace bandages.

Tinnitus maskers; purchase, examination, or fitting of hearing aids.

# Experimental/ Investigational Services

CareFirst BlueChoice's definition of Experimental Medical Care also referenced as Experimental and Investigational Services is as follows:

The term "experimental/ investigational" describes services or supplies that are in the developmental stage and are in the process of human or animal testing. Services or supplies that do not meet all (5) of the criteria listed below are deemed to be experimental and investigational:

1. The technology\* must have final approval from the appropriate government regulatory bodies; and
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes; and
3. The technology must improve the net health outcome; and
4. The technology must be as beneficial as any established alternatives; and
5. The improvement must be attainable outside the investigational setting.

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



## Policy Form Numbers:

VA/CFBC/HBADV/IEA (7/12)  
VA/CFBC/DOL APPEAL (R. 7/11)  
VA/CFBC/HBADV/DOCS (7/12)  
VA/CFBC/HBADV/SOB (7/12)  
VA/CFBC/DB/HB ELIG (R. 2/11)  
VA/CFBC/HB3 WELLNESS (8/12)  
VA/CFBC/DB/HBADV/RX (7/12)  
VA/BC-OOP/VISION (R. 6/04)  
VA/BC/DHMO RIDER (7/03)  
VA/BC/DHMO SCHBEN 20 CP (R. 10/07)  
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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