



District of Columbia

CareFirst BlueChoice-Saver

Leaving more money in your hands

You're active.

You're healthy.

You *still* need health insurance.

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If you've been searching for low-cost, quality health care coverage, you've just found it!

CareFirst BlueChoice-Saver (BlueChoice Saver) is a product for people like you: people who know they need health coverage, but don't want to spend a lot of money for it. BlueChoice-Saver's design saves you money with some key features:

- **Save** with lower monthly premiums, and rest assured: you're covered for life's sudden health emergencies.
- **Save** at the doctor's office: lower copayments allow you to pay substantially less than you'd pay without insurance -- even if you don't visit the doctor very often. And, you'll pay nothing for X-rays and labs when you use plan facilities.
- **Save** on prescription drugs: after meeting a lower deductible, you pay only a \$15 copay for generic drugs, and get discounts on brand-name prescriptions.
- **Save** your hard-earned money, in the event of a medical emergency, and let CareFirst BlueChoice cover you. With BlueChoice-Saver, you know what your maximum out-of-pocket expenses will be in any given year. Once you reach the out-of-pocket maximum, CareFirst BlueChoice pays 100% of your covered medical expenses (excluding prescriptions) for that benefit year. And, you'll never run out of benefits, because BlueChoice-Saver has an unlimited lifetime benefit maximum for covered medical services.

As a member of CareFirst BlueChoice, you get peace of mind by knowing you're covered, along with built-in cost savings. And, you'll be able to count on the negotiating power of CareFirst BlueChoice, to offer discounts on medical care, prescriptions and a host of other programs designed to help you maintain your good health.

Choosing Your Health Care Team

CareFirst BlueChoice's regional provider network gives you **access to more than 18,000 providers and 42 hospitals throughout Maryland, DC and Northern Virginia**. You and your family members can each choose a Primary Care Physician (PCP) from this network.

Women have direct access to participating OB/GYNs for covered services – **no referrals are needed**.

Preventive Care Benefits

You work hard to ensure your good health. So get the power of preventive care benefits, which work to keep you healthy, and can help you spend less money on health care in the long run.

A health plan that actually gives you opportunities to save while keeping you covered, at a competitive price!

Questions? Call 410-356-8000 or toll free at 1-800-544-8703
or call your insurance broker

Vision Care Services

CareFirst BlueChoice offers you eye care benefits as part of your medical plan, through our network administrator, Davis Vision, Inc. 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. For medical eye care please follow your normal medical procedures.

“Options” Discount Program

As a CareFirst BlueChoice member, you are entitled to discounts on alternative therapies and health and wellness programs such as chiropractic, acupuncture, massage, yoga, Pilates, tai chi, qi gong, guided imagery, nutritional counseling and fitness centers. Also, the program offers discounts on Weight Watchers® Online, mail order contacts, laser vision correction and hearing aids. Since this program is in addition to your medical plan, rather than a benefit, there are no claim forms, paperwork or referrals. You simply visit www.carefirst.com to learn more. It's just another way for you to save.



BlueCard® Program



Taking Your Benefits With You When You Travel

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

In addition, Guest Membership enrollment is available in an affiliated Blue Cross Blue Shield HMO for members and dependents away from home for at least 90 days. This special plan provides coverage for non-emergency services and is perfect for extended out-of-town business or travel, semesters at school or families living apart.

Get the Choice and Savings
You Deserve— At A Cost
You Can Afford!



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| DISTRICT OF COLUMBIA MEDICALLY UNDERWRITTEN BlueChoice-Saver Benefits At A Glance | |
|--|---|
| MEDICAL BENEFITS | YOU PAY (IN-NETWORK) |
| PREVENTIVE SERVICES | |
| ROUTINE ADULT PHYSICAL | \$30 PCP/\$40 SPECIALIST |
| WELL-CHILD CARE (INCLUDING EXAMS AND IMMUNIZATIONS) | \$30 PCP/\$40 SPECIALIST |
| ROUTINE GYN VISITS | \$30 PCP/\$40 SPECIALIST |
| PAP TEST, MAMMOGRAMS, PROSTATE SCREENING & COLORECTAL SCREENING | NO CHARGE |
| OFFICE VISITS, LABS AND TESTING | |
| OFFICE VISITS FOR ILLNESS | \$30 PCP/\$40 SPECIALIST |
| X-RAY AND LAB TESTS | NO CHARGE |
| ALLERGY TESTING & SHOTS | \$30 PCP/\$40 SPECIALIST |
| OUTPATIENT SURGERY IN PROVIDER OFFICE | \$30 PCP/\$40 SPECIALIST |
| EMERGENCY CARE | |
| EMERGENCY ROOM (COPAY WAIVED IF ADMITTED) | \$100 |
| URGENT CARE CENTER (PARTICIPATING) | \$60 |
| AMBULANCE (WHEN MEDICALLY NECESSARY) | NO CHARGE |
| HOSPITALIZATION | |
| INPATIENT FACILITY SERVICES | \$600 PER DAY |
| INPATIENT PHYSICIAN SERVICES | NO CHARGE |
| OUTPATIENT FACILITY SERVICES | \$300 FACILITY COPAY PLUS \$30 PCP/\$40 SPECIALIST |
| OUTPATIENT PHYSICIAN SERVICES | \$30 PCP/\$40 SPECIALIST |
| VISION SERVICES | |
| ROUTINE ANNUAL EXAM (ADMINISTERED BY DAVIS VISION) | \$10 |
| PRESCRIPTION DRUG BENEFITS | |
| DEDUCTIBLE | \$150 |
| GENERIC COPAY | \$15 |
| PREFERRED BRAND COPAY | DISCOUNT |
| NON-PREFERRED BRAND COPAY | DISCOUNT |
| ANNUAL MAXIMUM (PER PERSON) | \$1,500 (GENERIC DRUGS) |
| Optional MATERNITY SERVICES | |
| OFFICE VISITS (PRE AND POSTNATAL) | \$30 PCP UP TO \$300 PER PREGNANCY \$40 SPECIALIST UP TO \$400 PER PREGNANCY |
| DELIVERY | NO CHARGE |
| HOSPITAL FACILITY | \$600 PER ADMISSION |
| MEDICAL COVERAGE INFORMATION | |
| ANNUAL DEDUCTIBLE | \$0 |
| ANNUAL OUT-OF-POCKET MAXIMUM | |
| INDIVIDUAL | \$4,000 |
| INDIVIDUAL & CHILD(REN)*/INDIVIDUAL & ADULT** | \$8,000 |
| FAMILY | \$12,000 |
| LIFETIME MAXIMUM | LIFETIME MAXIMUM |

Optional Maternity Services: You may also choose to add maternity coverage to your policy (for yourself or your covered spouse/domestic partner). For an additional \$126 a month, you will receive coverage for pre- and postnatal care as well as covered services associated with the delivery. Maternity may only be added at the time of the initial enrollment of a female applicant. Female applicants will not be able to add maternity coverage at any time subsequent to the enrollment in BlueChoice-Saver.

*"Child" means your unmarried, eligible child up to age 23. Eligibility requirements are defined in the BlueChoice contract.

**"Adult" means the spouse of the subscriber or the domestic partner of the subscriber who resides with the subscriber and satisfies the eligibility requirements defined in the CareFirst BlueChoice contract. The subscriber and domestic partner may not share a blood or familial relationship, and must have shared a common legal residence continuously for at least six (6) months prior to applying for coverage.

Optional Dental Benefits

As a member of CareFirst BlueChoice, you have the option of adding Dental coverage to your plan. **With dental coverage, you'll receive benefits for the following services, and more . . .**

| SELECTED DENTAL BENEFITS AT A GLANCE | | |
|---|----------------|--|
| INDIVIDUAL SELECT BENEFITS | REGULAR COST * | YOU PAY |
| BASIC DENTAL SERVICES (INCLUDES EXAM, X-RAYS, SEALANTS, FILLINGS, SIMPLE EXTRACTIONS, AND MORE) | \$73-\$142 | \$20 (PER OFFICE VISIT) |
| SOFT TISSUE MANAGEMENT (INCLUDES PERIODONTAL SCALING, PERIODONTAL MAINTENANCE) | \$134 | \$70 (PER OFFICE VISIT) |
| RESTORATIVE SERVICES (CROWN) | \$800-\$1,300 | \$415-\$460 |
| ROOT CANAL THERAPY (EXCLUDES FINAL RESTORATION) | | |
| ANTERIOR | \$460 | \$300 PRIMARY DENTIST \$400 SPECIALTY DENTIST |
| MOLAR | \$669 | \$450 PRIMARY DENTIST \$600 SPECIALTY DENTIST |
| COMPLETE DENTURES | \$900 | \$495 EACH |
| ORTHODONTICS (BRACES) | | |
| COMPREHENSIVE-ADOLESCENT | \$3,500 | \$2,500 |
| COMPREHENSIVE-ADULT | \$3,900 | \$2,700 |

* 2004 National Dental Advisory Service, Comprehensive Fee Report.

These benefits are underwritten and administered by The Dental Network (TDN) Inc.

To receive dental benefits, you must choose a participating dentist from the enclosed Provider Directory. There's very little paperwork and no claim forms to file.

You must select the same type of dental coverage (Individual, Individual and Child(ren), Individual and Adult, or Family) as the medical portion of your BlueChoice-Saver plan. To choose dental benefits, simply check the appropriate box on your BlueChoice-Saver application.

If you have specific questions, or wish to inquire about dental providers in your area, call TDN toll-free at **1-888-833-8464** or **410-847-9060**.

Questions? Call 410-356-8000 or toll free at 1-800-544-8703
or call your insurance broker

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It's Easy to Apply!

1. Choose a coverage type.

You can select:

- Individual
- Individual & Child(ren)*
- Individual & Adult**
- Family [Two eligible adults and eligible dependent(s)]

The enclosed rate charts for each coverage type and age will show your monthly premium.

2. Locate the application form in this packet.

Answer all questions honestly and completely, and be sure to sign your application.

3. Choose a Primary Care Physician (PCP) from the enclosed directory for each member on the application.

You can also locate PCPs in our on-line CareFirst BlueChoice directory, found at www.carefirst.com.

4. Mail your application in the enclosed envelope.

Send no money at this time. The review process takes about 4-6 weeks, but may be as short as 10 days if medical records are not required.

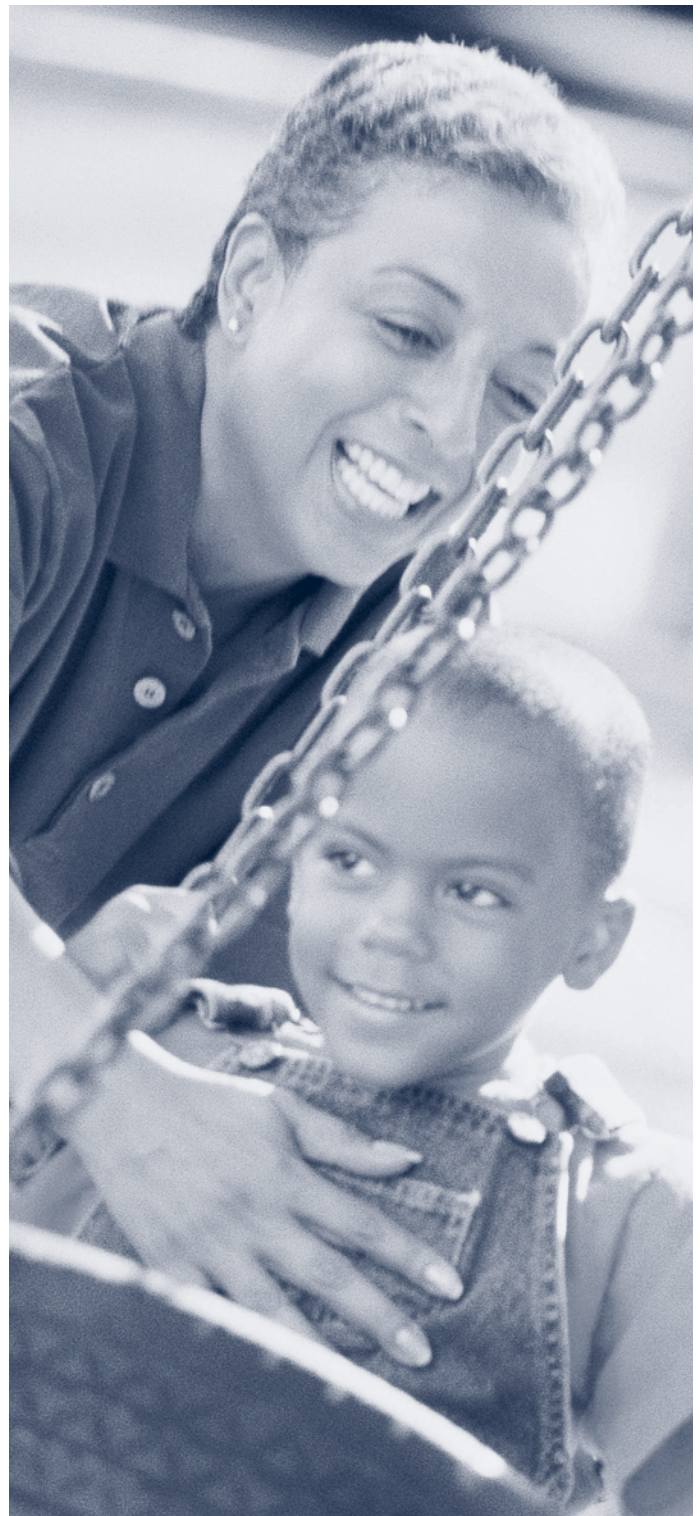
5. After you send in your application, you can call the Application Status Hotline at 1-877-746-7515 with questions.

Your coverage will become effective the first of the month following the month in which we approve your application.

* "Child" means your unmarried, eligible child up to age 23. Eligibility requirements are defined in the BlueChoice contract.

**"Adult" means the spouse of the subscriber or the domestic partner of the subscriber who resides with the subscriber and satisfies the eligibility requirements defined in the CareFirst BlueChoice contract. The subscriber and domestic partner may not share a blood or familial relationship, and must have shared a common legal residence continuously for at least six (6) months prior to applying for coverage.

If you have questions about eligibility, please call our Product Specialists at 1-800-544-8703.



Additional Coverage Options:

Our Product Specialists can provide information regarding a wide variety of other insurance programs from CareFirst BlueCross BlueShield^{**} and its affiliates, to meet your individual needs, including:

Coverage Available from CareFirst BlueCross BlueShield^{**}:

BluePreferred & BluePreferred-Saver^{*}

A Preferred Provider Organization (PPO) Plan providing freedom of provider choice with a variety of options including three high-deductible options to lower your premiums.

Supplement-65^{*}

Traditional coverage to supplement your Medicare policy. For more information on this plan, please call our Product Specialists toll-free at **1-800-275-3802**.

HIPAA Coverage

Products are available without medical underwriting or pre-existing condition waiting periods for those who meet the criteria specified by the Health Insurance Portability and Accountability Act (HIPAA).

^{*}Medical questionnaire must be completed.

^{**}CareFirst BlueCross BlueShield is the shared business name of Group Hospitalization and Medical Services, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association. © Registered trademark of the Blue Cross and Blue Shield Association.

®' Registered trademark of CareFirst of Maryland, Inc.

Other Coverage Available:

CareFirst BlueChoice^{*}

Flexible HMO coverage with lower copayments and three options to choose from.

Travel Assistance

Valuable coverage when you are out of the country, including emergency medical evacuation, baggage insurance and a 24-hour multi-lingual hotline for referrals (*offered through Worldwide Assistance Services, Inc.*).

Questions? Call us toll free at 1-800-544-8703
or call your insurance broker

BlueChoice-Saver

More ways to save.

Questions?

Call us toll free at **1-800-544-8703** or call your insurance broker.
To apply, use the enclosed application form, or apply on-line through
Individual Express at **www.carefirst.com/eSales**.

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

Policy Form Numbers:
DC/CC/WW/EOC (3/01)
DC/CC/Ind Drug (11/04)
DC/BC/Plan D Schedule (11/04)



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