



# CareFirst BlueChoice HMO

*Maryland*



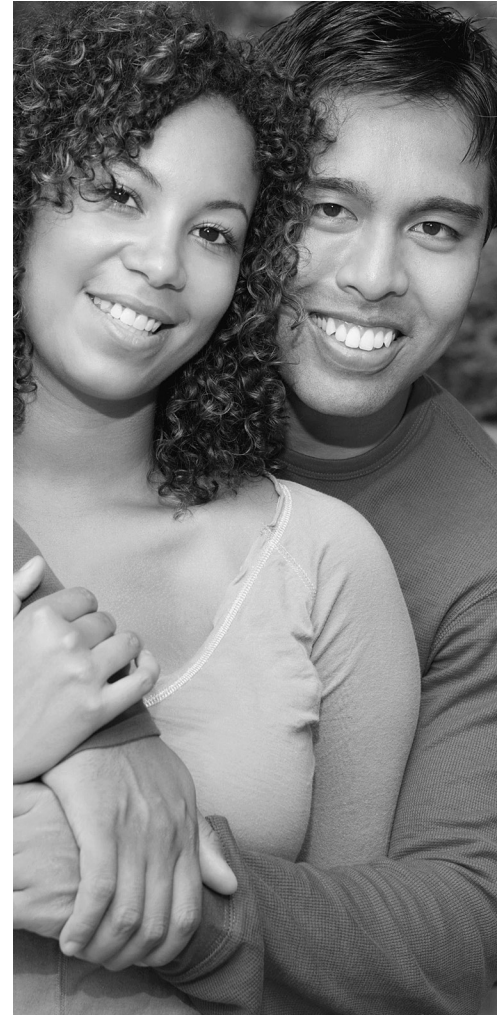
# Welcome

We are pleased to offer you enrollment in our CareFirst BlueChoice Health Maintenance Organization (HMO) plan. Designed for today's health conscious and busy families, CareFirst BlueChoice offers one less thing to worry about during your hectic day. As a member, you'll receive health care services from a regional network of physicians, specialists and hospitals, and receive a wide range of benefits

Take a look at the additional benefits CareFirst BlueChoice (offered by CareFirst BlueChoice, Inc.) can offer you and your family:

## CareFirst BlueChoice offers you:

- **Three different options** in health care coverage, so you choose the plan to fit your budget.
- **A preventive care package at no charge to you** to keep you healthy, including well child care, immunizations, annual routine examinations, mammograms, PAP tests and prostate screenings.
- **Predictable copays** for primary and specialist office visits.
- **No medical deductible** to meet.
- **365 days of hospitalization** for one facility copay per inpatient admission, then inpatient medical and surgical services are covered in full.
- **Access to a regional network** of more than 26,000 doctors and specialists, and 68 hospitals throughout Maryland, the District of Columbia and Northern Virginia. You can visit doctors where you live and work.
- **Prescription drug coverage** for predictable copays once you meet your low prescription drug deductible.
- **Around the clock advice** with a 24-hour per day, 7-day a week health care advice line, FirstHelp™, staffed by registered nurses.
- **Vision care benefits** and special savings.



# CareFirst BlueChoice

## *How the Plan Works*

### Your Health Care Team

You and your family members each choose a Primary Care Physician (PCP) from the CareFirst BlueChoice regional network to coordinate all of your health care needs. Your PCP oversees your routine and preventive care, administers your prescriptions, becomes familiar with your medical history and works closely with you to help make your medical decisions. When specialized care is needed, your PCP will recommend a specialist within the CareFirst BlueChoice network.

### Choose a PCP

Refer to the enclosed provider directory to choose your PCP. For the most up-to-date listing, the CareFirst BlueChoice provider directory is available and updated every 15 days at [www.carefirst.com/doctor](http://www.carefirst.com/doctor). You may also call your doctor to see if he or she participates.

### Preventive Care

CareFirst BlueChoice strives to keep you healthy – emphasizing prevention, early detection and early treatment. We work with you to help prevent illness by offering you preventive office visits and screenings at no charge. We encourage you to seek care when it is first needed, rather than waiting.

#### **Well-Child Care**

CareFirst BlueChoice wants to start your children on the road to good health with coverage for all childhood immunizations and checkups. We encourage parents to take advantage of this most important service.

#### **Women's Health / Men's Health**

CareFirst BlueChoice provides women's and men's preventive health coverage such as routine mammograms and prostate screenings and PAP tests –all at no charge to you. And women do not need a referral for gynecological care as long as care is provided by a CareFirst BlueChoice OB/GYN.

### Hospitalization

Don't worry. If you receive care through your PCP, you are covered. We'll take care of you with hospitalization, including all physician charges for covered services, for one facility copay per admission.

### No Hassle Billing

You pay no medical deductible and just a predictable, per visit copayment. In addition, CareFirst BlueChoice provides direct reimbursement to your doctor, which means no claims to file.



# CareFirst BlueChoice

## Benefits At A Glance

Services	\$20/\$30 Option	\$15/\$25 Option	\$10/\$20 Option
<b>GENERAL INFORMATION</b>			
Member Deductible	\$0	\$0	\$0
Out-of-Pocket Maximum			
Individual	\$3,600	\$3,000	\$2,000
Individual & Child(ren)*	\$7,200	\$6,000	\$4,000
Individual & Adult**	\$7,200	\$6,000	\$4,000
Family	\$11,000	\$9,000	\$6,000
Lifetime Maximum	No lifetime maximum	No lifetime maximum	No lifetime maximum
<b>PREVENTIVE SERVICES AND OFFICE VISITS</b>			
Well-Child - Exams & Immunizations	No charge for office visits and screenings	No charge for office visits and screenings	No charge for office visits and screenings
Adult Routine Preventive Health	No charge for office visits and screenings	No charge for office visits and screenings	No charge for office visits and screenings
Routine Gynecological Visits (No Charge for Pap Smear)	No charge for office visits and screenings	No charge for office visits and screenings	No charge for office visits and screenings
Prostate Screening Visits (No Charge for PSA test)	No charge for office visits and screenings	No charge for office visits and screenings	No charge for office visits and screenings
Mammography Screening Visits	No charge for office visits and screenings	No charge for office visits and screenings	No charge for office visits and screenings
Allergy Testing and Treatment	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Annual Routine Eye Exam at designated Davis Vision provider (optometrists or ophthalmologists)	\$10	\$10	\$10
<b>OUTPATIENT MEDICAL AND SURGICAL SERVICES</b>			
Physician Office Visit for Illness	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Rehabilitative Services (Physical, Occupational and Speech Therapy; 30 visits each per calendar year)	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Surgical Services-Professional	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Surgical Services-Hospital or Other Facility	\$50 facility copay, plus \$20 PCP/\$30 Specialist copay (if applicable)	\$50 facility copay, plus \$15 PCP/\$25 Specialist copay (if applicable)	\$50 facility copay, plus \$10 PCP/\$20 Specialist copay (if applicable)
Diagnostic Procedures	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
X-rays and Lab Tests	No copay	No copay	No copay

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

\*\* "Adult" means the Spouse or Domestic Partner who resides with the Subscriber and satisfies the eligibility requirements in the CareFirst BlueChoice contract.



# CareFirst BlueChoice

## Benefits At A Glance

Services	\$20/\$30 Option	\$15/\$25 Option	\$10/\$20 Option
<b>INPATIENT HOSPITAL SERVICES</b>			
365 Days Room and Board (Semi-Private Room)	\$700 facility copay per admission	\$500 facility copay per admission	\$250 facility copay per admission
Medical and Surgical Services	No copay	No copay	No copay
Prescription Drugs (Inpatient)	No copay	No copay	No copay
<b>EMERGENCY OR URGENT CARE</b>			
Plan-Affiliated Urgent Care Facility	\$30	\$25	\$20
Hospital Emergency Room or Non-Plan Facility (waived if admitted)	\$50	\$50	\$50
Ambulance (when medically necessary)	No copay	No copay	No copay
<b>MENTAL HEALTH COVERAGE</b>			
	Visits 1-5: 20% coinsurance Visits 6-30: 35% coinsurance Visits 31+: 50% coinsurance	Visits 1-5: 20% coinsurance Visits 6-30: 35% coinsurance Visits 31+: 50% coinsurance	Visits 1-5: 20% coinsurance Visits 6-30: 35% coinsurance Visits 31+: 50% coinsurance
<b>PRESCRIPTION DRUGS</b>			
Annual Deductible	\$150	\$100	\$50
Tier 1 – Generic copay	\$10	\$10	\$10
Tier 2 – Preferred Brand copay	\$25	\$25	\$25
Tier 3 – Non-Preferred Brand copay	\$40	\$40	\$40
<b>MATERNITY SERVICES</b>			
Prenatal and Postnatal Care			
PCP	\$20 (up to \$200 per pregnancy)	\$15 (up to \$150 per pregnancy)	\$10 (up to \$100 per pregnancy)
Specialist	\$30 (up to \$300 per pregnancy)	\$25 (up to \$250 per pregnancy)	\$20 (up to \$200 per pregnancy)
Inpatient Hospital Facility	\$700 facility copay per admission	\$500 facility copay per admission	\$250 facility copay per admission
Birthing Center	\$30 per visit	\$25 per visit	\$20 per visit
Nursery Care	No copay	No copay	No copay

You have the option to visit out-of-network doctors, including behavioral health care providers, without a referral. However, keep in mind that CareFirst BlueChoice does not offer out-of-network benefits. If you visit a doctor outside of the CareFirst BlueChoice network, you will be responsible for all doctor's charges.

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

# Dental and Vision

## Dental *(Included)*

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.

### Just show your BlueChoice ID Card

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)*

Individual Select 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
- 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 your dental care needs. When specialized care is needed, your general dentist will recommend a specialist within the Dental HMO network.

To purchase the **Individual Select Dental HMO** plan, simply check the box for "Dental Benefits" on the application.

We also offer a dental plan which can be purchased separately, **Individual Select Preferred**. This plan offers a larger dental network of over 4,000 participating providers, 100% coverage for preventive and diagnostic dental care, and in-network savings for major procedures. To request an application for Individual Select Preferred, contact a Product Specialist at (800) 544-8703.

**If you have questions regarding your dental options or wish to inquire about participating providers, please contact a Product Specialist at (800) 544-8703.**

## Vision *(Included)*

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

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

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



## Taking Control of Your Health

As a CareFirst BlueChoice member, you are encouraged to take advantage of the *CareEssentials* 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 *CareEssentials*.

### Options / Blue365 Discount Programs

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

### Nurse Line – FirstHelp™

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

### Away From Home Care

You and your family have access to routine and urgent care when you're away from home for 90 consecutive days or more. Whether you're out of town on extended business, travel or attending school out of the area, you'll have ongoing access to the care you need.

### 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.







### 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.

### Great Beginnings –

#### Support During Your Pregnancy

Our Case Managers strive to help you and your baby stay healthy during pregnancy. Once enrolled, you'll receive personalized support from a Case Manager who'll contact you during each trimester to see how you're feeling and answer any questions. For more information please visit [www.carefirst.com/greatbeginnings](http://www.carefirst.com/greatbeginnings) or call (888) 264-8648.

### Health Assessment

Start by taking our Health Assessment, a confidential survey on your lifestyle choices that includes topics like nutrition, physical activity and tobacco use. You can also record your health measurements, including blood pressure, cholesterol, blood sugar and body mass index. After completing the Health Assessment, you will receive a personalized health report on your current health status. The report will identify health risk factors and discuss the likelihood of developing chronic conditions like heart disease, high blood pressure and diabetes. The purpose of the Health Assessment is to give you the information and tools you need to make positive lifestyle choices and improve your quality of life.

To access the Health Assessment, go to [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) and enter your user name and password. Click on Health Assessment and Coaching; then click on Assessments on the left side of the page.

### Health Advising

After you complete the Health Assessment (available only on My Care First), 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.

### **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

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

### **Telephonic Health Coaching**

Depending on the results of your Health Assessment, a health coach may call you. 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 personal health action plan with milestones for achieving goals. Your coach will monitor your progress and provide guidance and support as needed.



**To learn more about the  
CareEssentials programs please visit  
[www.carefirst.com](http://www.carefirst.com).  
Click on the Members & Visitors link.**

# Apply Today for CareFirst BlueChoice

## Three ways to apply!

Applying for CareFirst BlueChoice is easy. Select one of the three ways to apply from the list below. Please keep in mind that each family member applying must be a resident of Maryland.

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

## Steps to apply.

1. **Locate the application form in this packet or apply online at [www.carefirst.com/individual](http://www.carefirst.com/individual).**

Be sure to answer all questions accurately and completely, and don't forget to sign your application.

2. **Review the plan benefits and premiums.**

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

3. **Choose a coverage type.**

Select from:

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

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

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

4. **Choose a plan.**

Select from 3 options:

- Our \$20/30 option – you pay a higher copayment for office visits but pay a lower monthly premium.
- Our \$15/25 option – you pay a mid-range copayment and a mid-range premium.
- Our \$10/20 option – you pay a lower copayment – as low as \$10 per office visit – but pay a higher monthly premium.

5. **Choose a personal Primary Care Physician.**

Select from the enclosed directory for each person on the application. You can also locate a personal PCP in our online directory at [www.carefirst.com/doctor](http://www.carefirst.com/doctor). Remember to write in your PCP's ID number when completing your application.

6. **Decide on optional coverage for Dental.**

Make sure you check "yes" in the Dental benefit selection area if you would like upgraded dental benefits 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 our Product Specialists at (410) 356-8000 or toll free at (800) 544-8703, Monday-Friday 8 a.m. – 5 p.m. Or, visit the CareFirst website at [www.carefirst.com/individual](http://www.carefirst.com/individual).

# 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 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.

### **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).

# Compensation and Premium Disclosure Statement

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

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

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

## A. Methods of Paying Physicians

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

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

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

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

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

Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.

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

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

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

Like fee-for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each



# Compensation and Premium Disclosure Statement

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

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

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

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

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

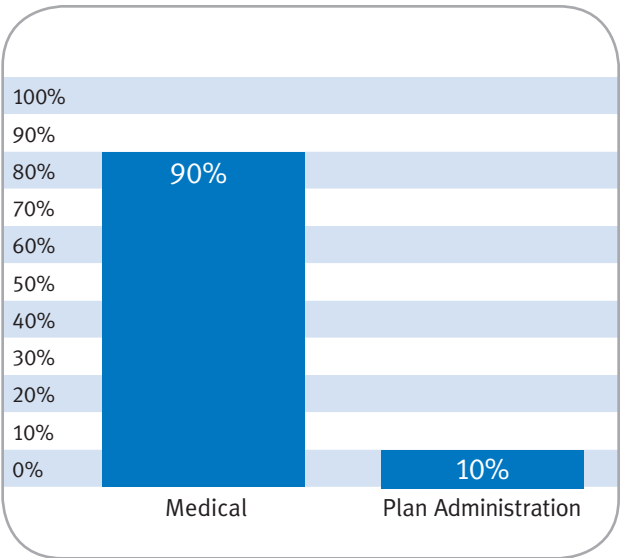
## B. Percentage of Provider Payment Methods

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

## C. Distribution of Premium Dollars

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

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



# Rights and Responsibilities

## Notice of Privacy Practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To see our Notice of Privacy Practices, go to [www.carefirst.com](http://www.carefirst.com) and click on "Privacy Statement" at the bottom of the page, click on "Health Information" then click on "Notice of Privacy Practices." Or call the Member Services telephone number on your member ID card.

## Member Satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here's what you can do:

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.
- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:
  - Send an email to:  
[quality.care.complaints@carefirst.com](mailto:quality.care.complaints@carefirst.com)
  - Fax a written complaint to: (301) 470-5866
  - Write to: **CareFirst BlueCross BlueShield  
Quality of Care Department, P.O. Box 17636  
Baltimore, MD 21297**

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

These procedures are also outlined in your Evidence of Coverage.

If you wish, you may also contact the appropriate jurisdiction's regulatory department regarding your concern:

### Virginia:

Complaint Intake, Office of Licensure and Certification, Virginia Department of Health,  
9960 Maryland Drive, Suite 401,  
Richmond, VA 23233-1463  
Phone #: (800) 955-1819 or (804) 367-2106  
Fax #: (804) 527-4503

Office of the Managed Care Ombudsman,  
Bureau of Insurance  
P.O. Box 1157, Richmond, VA 23218  
Phone #: 1-877-310-6560 or (804) 371-9032

### District of Columbia:

Department of Insurance, Securities and Banking  
801 1st Street, NE, Suite 701, Washington, DC 20002  
Phone #: (202) 727-8000

### Maryland:

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

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

# Rights and Responsibilities

## Hearing Impaired

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

Maryland Relay Program: (800) 735-2258

National Capital Area TTY: (202) 479-3546

*Please have your Member Services number ready.*

For assistance in resolving a Billing or Payment Dispute with the Health Plan or a Health Care Provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the **Office of the Attorney General** at:

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

## Language Assistance:

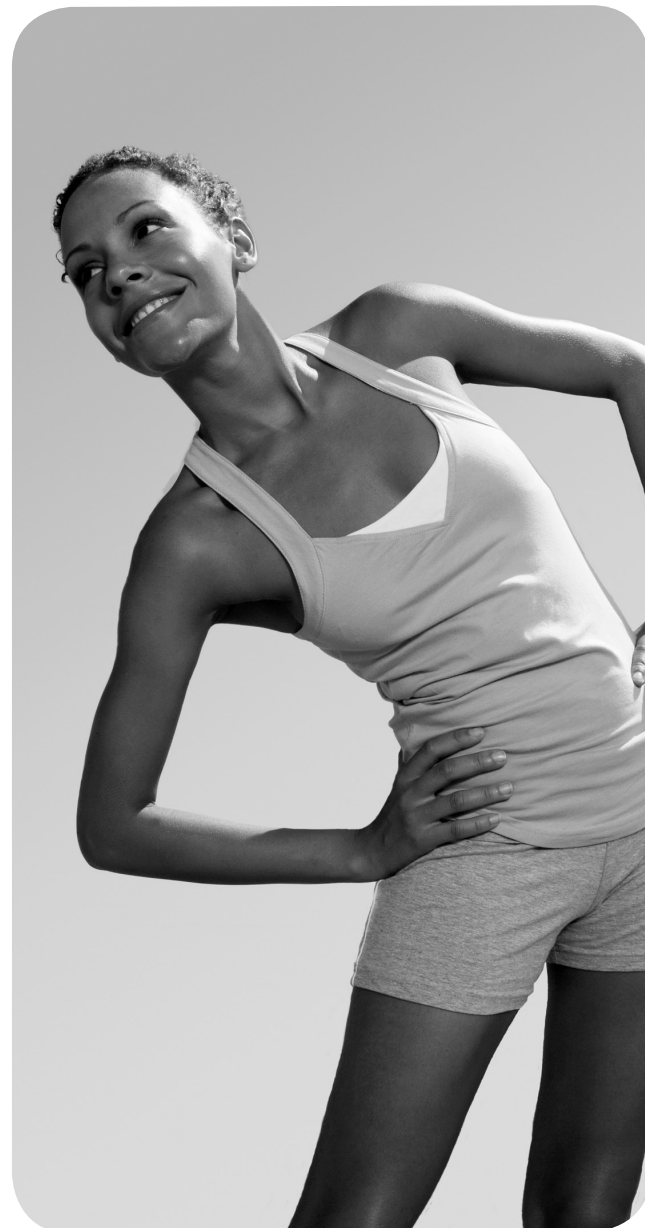
Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

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

## Confidentiality of Subscriber/ Member Information

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

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI),



whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

# Rights and Responsibilities

## Our Responsibilities

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

## Your Rights

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

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

## Inquiries and Complaints

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

## Members' Rights and Responsibilities Statement

### Members have the right to:

- Be treated with respect and recognition of their dignity and right to privacy.

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

### Members have a responsibility to:

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

## Eligible Individuals' Rights Statement Wellness and Health Promotion Services

### Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.

# Rights and Responsibilities

- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

## Habilitative Services

CareFirst provides coverage for habilitative services to members younger than the age of 19. This includes habilitative services to treat congenital or genetic birth defects, including a defect existing at or from birth, a hereditary defect, autism or an autism spectrum disorder, and cerebral palsy.

Habilitative services include speech, physical and occupational therapies. CareFirst must pre-approve all habilitative services. Any deductibles, copayments and coinsurance required under your contract apply. Policy maximums and benefit limits apply. Habilitative services are not counted toward any visit maximum for therapy services.

Please note that any therapies provided through the school system are not covered by this benefit. This coverage applies only to Maryland members. Check your contract coverage to determine if you are eligible to receive these benefits. If you have questions regarding any of these services, contact Member Services at the telephone number on your member ID card.

## Required Home Visits and Mastectomy-Related Services

CareFirst provides coverage for home visits to members who undergo a mastectomy (the surgical removal of all or part of the breast) or the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member's doctor. To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis. In addition, a member who has been in the hospital for at least 48 hours following a Mastectomy is eligible for a home visit if prescribed by the Member's physician. This coverage applies to Maryland members. Please check your contract coverage to determine if you are eligible for these surgical procedure benefits.

CareFirst offers other benefits for mastectomy-related services, including:

- A minimum hospital stay of not less than forty-eight (48) hours following a Mastectomy.
- All stages of reconstruction of the breast that underwent the mastectomy.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling).

You and your physician will determine the appropriate plan to treat your condition. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits covered under your health plan. Please refer to your Benefit Guide or Agreement for more details or call Member Services at the telephone number on your member ID card.

## Care for Mothers, Newborns

Under the Newborns' and Mothers' Health Protection Act, CareFirst offers coverage for inpatient hospitalization services for a mother and newborn child for a minimum of:

- 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery.
- 96 hours of inpatient hospitalization care after an uncomplicated cesarean section.

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes:

- A home visit if prescribed by the attending physician.
- The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the mother and newborn have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after hospital discharge and an additional home visit if prescribed by the attending physician.



# Experimental/Investigational Services

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

CareFirst's definition of Experimental Medical Care also referenced as Experimental/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/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*



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

Policy Form Numbers:  
MD/CC/UW-EOC (3/01) as amended  
MD-DHMO-IN REV (9/00) • MD-DHMO-SCHBEN IN 1 (R 9/00) as amended



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Washington, DC 20065  
[www.carefirst.com](http://www.carefirst.com)

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

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