

HealthyBlue
Focused on you.



HealthyBlue 2.0 Northern Virginia

HealthyBlue 2.0!

A health care plan focused on u.

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

Table of Contents

Welcome	1
Summary of Benefits	3
How Your Plan Works	5
Healthy Reward	8
Dental and Vision	9
Apply Today for HealthyBlue 2.0	10
Health + Wellness	11
Privacy Statement	12
Exclusions and Limitations	13
Experimental/Investigational Services	17

Welcome

HealthyBlue 2.0

Introducing a health care plan committed to keeping you healthy—HealthyBlue 2.0. It's from the CareFirst BlueCross BlueShield family of health care plans. And our commitment to you doesn't end there. HealthyBlue 2.0, from CareFirst BlueChoice, Inc., saves you money, gives you control, rewards you and lets you manage your health the way you want.

With two deductible plans to choose from, **HealthyBlue 2.0 \$1,500** or **\$2,500**, you decide how you want to control your costs and access your care.

With **HealthyBlue 2.0**:

- Pay nothing—not even a copay for in-network preventive and sick office visits from your personal Primary Care Physician (PCP), well-child care visits, immunizations, routine OB/GYN visits, X-rays, diagnostic/lab tests, and cancer screenings.
- Get free generic prescription drugs.
- Choose any doctor you want—no referrals needed.
- Qualify for a Healthy Reward and get \$200 for an individual and up to \$500 for a family—that can be used toward your premium.
- Visit CareFirst BlueChoice specialists and urgent care centers without needing to meet a deductible first.

HealthyBlue 2.0 offers even more savings and benefits:

- Partner with a PCP who knows and understands you and your specific health care needs.
- Access more than 33,000 CareFirst BlueChoice doctors (PCPs and specialists) in Maryland, Washington, DC and Northern Virginia.
- Have coverage when you travel across the country or around the world with the Blue Cross and Blue Shield national BlueCard® program.
- Enjoy vision care benefits and special savings.
- Receive discounts on dental services.
- Get exclusive discounts on health and wellness services.

Learn more about **HealthyBlue 2.0** today!



Your Savings Can Really Add Up!

With HealthyBlue 2.0, you control which doctors you want to see and when. However, if you visit doctors and specialists within the CareFirst BlueChoice network, you'll save money.

This chart shows how a family of four can save on out-of-pocket costs with HealthyBlue 2.0 when using the CareFirst BlueChoice network.

Family Member	Services Used	Member Cost with Traditional Plan	Member Cost with HealthyBlue 2.0 (In-network)
Mother	Sick office visit with PCP	\$25 Copay	\$0
	Lab tests	\$25 Copay	\$0
	Generic prescription drug	\$15 Copay	\$0
	Sick office visit with PCP	\$25 Copay	\$0
\$90 Annual Savings			
Father	Sick office visit with PCP	\$25 Copay	\$0
	Lab tests	\$25 Copay	\$0
\$50 Annual Savings			
Child	Sick office visit with PCP	\$25 Copay	\$0
	Sick office visit with PCP	\$25 Copay	\$0
	X-ray	\$25 Copay	\$0
\$75 Annual Savings			
Child	Sick office visit with PCP	\$25 Copay	\$0
	Sick office visit with PCP	\$25 Copay	\$0
	Sick office visit with PCP	\$25 Copay	\$0
	Generic prescription drug	\$15 Copay	\$0
	Allergy Testing with PCP	\$25 Copay	\$0
\$115 Annual Savings			
Total Annual Savings Per Year: \$330			

HealthyBlue 2.0

Summary of Benefits

Choose Your Plan:	HealthyBlue 2.0 \$1,500 (Individual) \$1,500 In-Network / \$2,500 Out-of-Network Deductible — or — HealthyBlue 2.0 \$2,500 (Individual) \$2,500 In-Network / \$3,500 Out-of-Network Deductible	
Services	In-Network (CareFirst BlueChoice)	Out-of-Network (PPO or Non-Participating)
PROGRAM DETAILS		
PCP Selection Required	Yes	No
Referrals Required	No	No
Lifetime Benefit Maximum	None	None
PREVENTIVE SERVICE		
Routine Adult Physical (including routine OB/GYN visits)	No charge, deductible does not apply	Deductible, then no copay or coinsurance
Well-Child Care (including exams and immunizations)	No charge, deductible does not apply	Deductible, then no copay or coinsurance
Pap test, Mammography, Prostate Screening, and Colorectal Screening	No charge, deductible does not apply	Deductible, then no copay or coinsurance
OFFICE VISITS, LABS AND TESTING		
Office Visits for Illness	PCP: No charge, deductible does not apply Specialist: \$40 copay, deductible does not apply	Deductible, then \$40 copay
Office Visits for Physical, Occupational and Speech Therapy, Chiropractic	\$40 copay, deductible does not apply	Deductible, then \$40 copay
Diagnostic/Lab Tests	No charge, deductible does not apply	Deductible, then no copay or coinsurance
X-Ray	No charge, deductible does not apply	Deductible, then no copay or coinsurance
EMERGENCY CARE		
Emergency Room (copay waived if admitted)	\$200 copay, deductible does not apply	\$200 copay, deductible does not apply
Urgent Care Center (participating)	\$50 copay, deductible does not apply	\$50 copay, deductible does not apply
Ambulance (when medically necessary)	\$50 copay, deductible does not apply	\$50 copay, deductible does not apply
HOSPITALIZATION		
Inpatient Facility Services	Deductible then \$450/day	Deductible then \$700/day
Inpatient Physician Services	Deductible, then \$40 copay	Deductible, then \$125 copay
Outpatient Facility Services	Deductible, then \$40 copay	Deductible, then \$125 copay
Outpatient Physician Services	Deductible, then \$40 copay	Deductible, then \$125 copay
ADDITIONAL NURSING SERVICES		
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
MENTAL HEALTH AND SUBSTANCE ABUSE		
Inpatient Facility Services	Deductible then \$450/day	Deductible then \$700/day
Inpatient Physician Services	Deductible, then \$40 copay	Deductible, then \$125 copay
Outpatient Services	Deductible, then \$10 copay	Deductible, then \$10 copay
DURABLE MEDICAL EQUIPMENT		
Durable Medical Equipment	Deductible, then \$40 copay	Deductible, then \$125 copay
MATERNITY SERVICES		
Office Visits (pre and postnatal)	Deductible, then \$40 copay	Deductible, then \$40 copay
Delivery (room and board)	Deductible then \$450/day	Deductible then \$700/day

Please note: All deductible expenses will count toward both the in-network and out-of-network deductibles.

Prescription Drug Benefits

HealthyBlue 2.0 members **pay nothing, not even a copay for generic prescription drugs (Tier 1)**. A complete list of generic drugs can be found at www.carefirst.com/rx.

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.

For preferred brand drugs (Tier 2) and non-preferred brand drugs (Tier 3), you must first meet a drug deductible of \$400 per person before you pay your applicable copay.

Prescription Drug Benefits	Amount
Generic Drugs (Tier 1) (up to a 34-day supply)	\$0, no deductible
Preferred Brand Name Drugs (Tier 2) (up to a 34-day supply)	\$400 Rx Deductible, then \$45 copay
Non-Preferred Brand Name Drugs (Tier 3) (up to a 34-day supply)	\$400 Rx Deductible, then up to a \$200 copay (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 two copays, 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.



How Your Plan Works

Manage Your Health Care and Save

Meeting Your Deductibles

While many services are available at no cost, you have an annual deductible with HealthyBlue 2.0. This means some health care costs that you and your family members incur before you meet your deductible are your responsibility. 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's negotiated discount rates

with all providers in the CareFirst BlueChoice network. We call this discount your "allowed benefit." It means big savings over what you would be paying if you weren't a CareFirst BlueChoice member.

Choose from two deductible options.

The higher your deductible, the lower your monthly premium. All of your deductible expenses count toward both the in-network and out-of-network deductibles.

HealthyBlue 2.0 \$1,500	You Pay In-Network	You Pay Out-of-Network
1. First, you pay all costs you incur for health care until you meet the annual DEDUCTIBLE . The following services are not subject to the deductible, as long as you remain in-network: preventive and sick office visits from your PCP, well-child care visits, immunizations, routine OB/GYN visits, X-rays, diagnostic/lab tests, cancer screenings, and visits to specialists and urgent care facilities.	Individual: \$1,500 Family: \$3,000	Individual: \$2,500 Family: \$5,000
2. After you meet your deductible, CareFirst BlueChoice pays medical costs, and you pay a set COPAY for some services.	Copay, if any, varies by service	Copay, if any, varies by service
3. Your payments for covered expenses in any year will not exceed your OUT-OF-POCKET MAXIMUM .	Individual: \$4,500 Family: \$9,000	Individual: \$5,900 Family: \$11,800
4. Once you meet your out-of-pocket maximum, CareFirst BlueChoice pays all remaining charges for the rest of the benefit period**.	No charge	No charge up to the allowed benefit
HealthyBlue 2.0 \$2,500	You Pay In-Network	You Pay Out-of-Network
1. First, you pay all costs you incur for health care until you meet the annual DEDUCTIBLE . The following services are not subject to the deductible, as long as you remain in-network: preventive and sick office visits from your PCP, well-child care visits, immunizations, routine OB/GYN visits, X-rays, diagnostic/lab tests, cancer screenings, and visits to specialists and urgent care facilities.	Individual: \$2,500 Family: \$5,000	Individual: \$3,500 Family: \$7,000
2. After you meet your deductible, CareFirst BlueChoice pays medical costs, and you pay a set COPAY for some services.	Copay, if any, varies by service	Copay, if any, varies by service
3. Your payments for covered expenses in any year will not exceed your OUT-OF-POCKET MAXIMUM .	Individual: \$5,000 Family: \$10,000	Individual: \$5,900 Family: \$11,800
4. Once you meet your out-of-pocket maximum, CareFirst BlueChoice pays all remaining charges for the rest of the benefit period**.	No charge	No charge up to the allowed benefit

* Copayment or portion of deductible may be required at the time of service during the deductible period. Member will never be required to pay more than CareFirst BlueChoice's allowed benefit for services rendered.

** Additional dental and vision copays may apply. Please refer to your contract.

In-Network—Biggest savings to you

Use the CareFirst BlueChoice network, and save the most money. Access more than 33,000 CareFirst BlueChoice doctors (PCPs and specialists) in Maryland, Washington, DC and Northern Virginia.

- Adult preventive and sick visits with your PCP, well-child care visits, immunizations, routine OB/GYN visits, X-rays, diagnostic/lab tests, and cancer screenings for you and your family are covered with no copay at all.
- Choose any CareFirst BlueChoice doctor you want – no referrals.
- Pay the lowest annual deductible and copays.
- Pay the lowest out-of-pocket costs for all services.

Out-of-Network—Higher costs with greater flexibility

You can receive care from any doctor or facility within the CareFirst BlueCross BlueShield Preferred Provider Organization (PPO) network, or from a doctor who doesn't participate in a CareFirst provider network.

Receiving Care from the PPO Network

- Most services are covered after you meet your deductible.
- Choose any doctor you want – no referrals.
- Pay higher out-of-pocket costs with this added flexibility.
- Have coverage when you travel across the country or around the world with the Blue Cross and Blue Shield national BlueCard® program.
- You may be balanced billed. This means your doctor could charge you more than the rate that has been negotiated with CareFirst BlueChoice.

Receiving Care from a Non-Participating CareFirst Provider

You have the option to visit doctors that do not participate with CareFirst, including behavioral health care providers, without a referral. If you visit a non-participating doctor, you will not only be responsible for the out-of-network coinsurance, but you may also need to pay the difference between CareFirst's allowed benefit and what the doctor actually charges.

- You may have to pay the doctor's actual charge at the time you receive care.
- You may have to file a claim for reimbursement.
- You may be balanced billed. This means your doctor could charge you more than the rate that has been negotiated with CareFirst BlueChoice.

In-Network you pay: \$

Visit any CareFirst BlueChoice provider.
No referrals required.

Out-of-Network* you pay: \$\$

Visit any CareFirst PPO Network
Provider or

Visit a Non-Participating Provider.
No referrals required.

*Balance billing may apply.

CareFirst BlueChoice Provider Network



CareFirst Preferred Provider Organization Network

Non-Participating Provider



You and Your Personal PCP

Better health begins when you select your personal Primary Care Provider (physician or nurse practitioner) and begin to develop a relationship. When you choose to receive care from a CareFirst BlueChoice PCP, you'll avoid the typical out-of-pocket expenses that can add up. So don't forget to choose one when you enroll, as well as for each of your family members.

Your PCP must participate in the CareFirst BlueChoice provider network specializing in family practice, general practice, pediatrics, OB/GYN or internal medicine.

Your PCP:

- Knows and understands all of your health care needs.
- Is informed about your medical history.
- Provides basic medical care.
- Prescribes medications.
- Helps determine when you may need to see a specialist, and helps select that specialist—no referrals required.
- Coordinates care and treatment with high quality CareFirst BlueChoice specialists.

It's easy to find a PCP. Just go to www.carefirst.com/doctor where our provider list is updated weekly.

Healthy Reward

Take Control & Get Rewarded

Taking control of your health has its rewards. As a member of HealthyBlue 2.0, you are eligible to receive \$200 for you or up to \$500 for your entire family* each year in the form of a gift card.

You can use the money 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 for a full list of eligible items.

In order to receive the full benefit of HealthyBlue 2.0 and earn your Healthy Reward, each member (age 2 and up) needs to complete Steps 1–3 within 120 days of your effective date.

Step 1: Select your personal PCP.

- If you or your family members don't select a CareFirst BlueChoice PCP when you enroll, you can select one by visiting 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.
- 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. The form will ask you a variety of questions about your health screenings, flu shots, cholesterol, and body mass index (BMI). Your PCP will need this form to 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.

Get Your Healthy Reward

Once you've completed your three steps, and have been enrolled in HealthyBlue 2.0 for 90-days, you'll receive your Healthy Reward gift card. Allow 4-6 weeks for processing. Please note that CareFirst must have your social security number on file in order to release your gift card. You may fill this out in Section 1 of the application.

* Please note the maximum incentive that can be earned for Individual and Child(ren) coverage is \$350 and for Individual and Adult coverage is \$400. The Child incentive maximum is \$25 (children under age 2 are not eligible for Healthy Rewards).

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

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.

Just show your CareFirst 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)*

We offer two upgraded dental options: **Individual Select Dental HMO** and **Individual Select Preferred**.

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.



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 potential in-network savings for major procedures. To request an application for Individual Select Preferred, 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/healthyblue.

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

Apply Today for HealthyBlue 2.0

Three ways to apply!

Applying for a HealthyBlue 2.0 plan 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 Virginia. This 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, 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 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/healthyblue. Remember to write in your PCP's ID number when completing your application.

4. Choose a plan.

Select either **HealthyBlue 2.0 \$1,500** or **\$2,500** plan option.

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 about the benefits of HealthyBlue 2.0, 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.

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 checking account or credit card.
- 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.

As a HealthyBlue 2.0 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.

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 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.

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. 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 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.

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

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

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.

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.

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.

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

Exclusions and Limitations

HealthyBlue 2.0

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 Evidence of Coverage 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, brothers, sisters, 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. 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 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 Nutrition 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.
- W. Private duty nursing.
- X. Non-medical, health care provider services, including, but not limited to:
 - 1. Telephone consultations, 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.
- 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 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 unless authorized or approved by CareFirst BlueChoice.
- 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.

12.3 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. See Utilization Management Non-Compliance provision in the Schedule of Benefits for exclusion of services or limitation of benefits, if any, for failure to comply with Utilization Management requirements.
- 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.

12.4 Home Health Services.

Coverage is not provided for:

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

12.5 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.

12.6 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.

12.7 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.

12.8 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.

12.9 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.
- I. 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.



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840 First Street, NE
Washington, DC 20065
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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