

# BlueChoice HMO

## Summary of Benefits

SERVICES	In-Network You Pay
<b>ANNUAL DEDUCTIBLE<sup>6</sup></b>	
Individual	None
Individual & Child(ren)	None
Individual & Adult	None
Family	None
<b>ANNUAL OUT-OF-POCKET LIMIT<sup>6</sup></b>	
Individual	\$3,300
Individual & Child(ren)	\$6,400
Individual & Adult	\$7,700
Family	\$10,100
<b>LIFETIME MAXIMUM</b>	Unlimited
<b>PREVENTIVE SERVICES</b>	
Well-Child Care	
0-24 months	\$10 per visit
24 months-13 years (immunization visit)	\$10 per visit
24 months-13 years (non-immunization visit)	\$30 per visit
14-17 years	\$30 per visit
Adult Physical Examination	\$30 PCP / \$40 Specialist per visit
Routine GYN Visits	\$30 per visit
Mammograms	\$40 or 50% of cost, whichever is less
Cancer Screening (Pap Test, Prostate and Colorectal)	\$40 or 50% of cost, whichever is less
<b>OFFICE VISITS, LABS &amp; TESTING</b>	
Office Visits for Illness	\$30 PCP/\$40 Specialist per visit
Diagnostic Services	\$40 or 50% of cost, whichever is less
X-ray and Lab Tests	\$40 or 50% of cost, whichever is less
Allergy Testing <sup>7</sup>	\$30 PCP/\$40 Specialist per visit
Allergy Shots <sup>7</sup>	\$30 PCP/\$40 Specialist per visit
Outpatient Physical, Speech and Occupational Therapy <sup>5</sup> (limited to 30 visits/condition/benefit period)	\$40 per visit
Outpatient Chiropractic <sup>5,9</sup> (limited to 20 visits/condition/benefit period)	\$40 per visit
<b>EMERGENCY CARE AND URGENT CARE</b>	
Physician's Office	\$30 PCP/\$40 Specialist per visit
Urgent Care Center	\$40 per visit
Hospital Emergency Room <sup>5</sup>	\$100 per visit (waived if admitted)
Ambulance (if medically necessary)	No charge <sup>2</sup>
<b>HOSPITALIZATION<sup>8</sup></b>	
Inpatient Facility Services	\$1,000 per admission
Outpatient Facility Services	\$40 per visit
Inpatient Physician Services	\$30 PCP/\$40 Specialist per visit
Outpatient Physician Services	\$40 per visit

SERVICES	In-Network You Pay
<b>HOSPITAL ALTERNATIVES<sup>8</sup></b>	
Home Health Care	No charge <sup>2</sup>
Hospice	No charge <sup>2</sup>
Skilled Nursing Facility (limited to 100 days/year) <sup>5</sup>	\$40 per day
<b>MATERNITY</b>	
Prenatal and Postnatal Office Visits	\$30 per visit
Delivery and Facility Services <sup>8</sup>	\$1,000 per admission
Nursery Care of Newborn <sup>3</sup>	No charge <sup>2</sup>
Initial Office Consultation(s) for Infertility Services/Procedures	\$40 Specialist per visit
Artificial Insemination <sup>1</sup>	50% of the Allowed Benefit (after diagnosis is confirmed)
In Vitro Fertilization Procedures <sup>1</sup>	Not covered
<b>MENTAL HEALTH (MH) AND SUBSTANCE ABUSE (SA)<sup>8</sup></b>	
Inpatient Facility Services (limited to 60 days/benefit period)	\$1,000 per admission
Inpatient Physician Services	\$30 PCP/\$40 Specialist per visit
Outpatient Services (MH & SA)	30% of the Allowed Benefit
Partial Hospitalization <sup>5</sup> (each day counts as 1/2 day toward inpatient limit)	\$1,000 per admission
Medication Management Visit	\$30 PCP/\$40 Specialist per visit
<b>MISCELLANEOUS</b>	
Durable Medical Equipment <sup>8</sup>	No charge <sup>2</sup>
Acupuncture	Not covered, unless medically necessary and plan approved for anesthesia and when services are rendered in conjunction with Physical Therapy
Transplants <sup>8</sup>	Covered as stated in Evidence of Coverage
Hearing Aids for ages 0-18 (limited to \$1,400 max per hearing aid every 3 years) <sup>5</sup>	No charge <sup>2</sup>
<b>VISION<sup>10</sup></b>	
Routine Exam (Optometrist or Ophthalmologist) (limited to 1 visit/benefit period)	Not covered
Eyeglasses and Contact Lenses	Not covered

<sup>1</sup> Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment option for infertility. However, assisted reproduction (AI) services performed as treatment option for infertility are only available under the terms of the members contract. Preauthorization required.

<sup>2</sup> No copayments or coinsurance.

<sup>3</sup> Newborns must be enrolled within 31 days of birth.

<sup>4</sup> Emergency room copay applies to the deductible.

<sup>5</sup> CareFirst BlueChoice may be providing your BlueChoice benefits on either a contract or calendar year basis. Please refer to your benefits contract to determine which method applies to your group benefit plan.

<sup>6</sup> Please refer to your Evidence of Coverage to determine your coverage level.

<sup>7</sup> If office copayment has been paid additional office copayment not required for this service.

<sup>8</sup> Preauthorization required.

<sup>9</sup> Consultation for chiropractic services is charged the same as office visit for illness.

<sup>10</sup> Vision coverage may be included in your benefits. Please refer to your Evidence of Coverage for more information.

**Note:** Upon enrollment in CareFirst BlueChoice, you will need to select a Primary Care Physician (PCP).

To select a PCP, go to [www.carefirst.com](http://www.carefirst.com) for the most current listing of PCPs from our online provider directory. You may also call the Member Services toll free phone number on the front of your CareFirst BlueChoice ID card for assistance in selecting a PCP or obtaining a printed copy of the CareFirst BlueChoice provider directory.

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/CFBC/MSGR/EOC (7/06) • MD/CFBC/MSGR/GC (2/07) • GS-CC (MSGR) REV (9/05) • MD/CFBC/MSGR/SOB/CORE (7/06) • MD/CFBC/MSGR/DOCS (2/07) and any amendments.

[www.carefirst.com](http://www.carefirst.com)

# Prescription Drug Program



**\$2,500 Individual Deductible**  
**\$5,000 Family Deductible**  
**75% Member Coinsurance**  
**CORE**

## The Three Tier Prescription Drug Program

This prescription drug program is offered as part of your health care benefits. This program covers both non-maintenance and maintenance prescription drugs dispensed by a retail pharmacy or designated mail service pharmacy.

This program is based on the CareFirst BlueCross BlueShield (CareFirst) preferred drug list, which is made up of certain brand name prescription drugs (Tier 2) and all generic prescription drugs (Tier 1). Your participating physician has a complete copy of the CareFirst preferred drug list. A copy can also be found at [www.carefirst.com/rx](http://www.carefirst.com/rx).

## How Do I Use My Benefit?

Talk to your doctor when you are prescribed medications to see if you are using drugs that are on the preferred drug list – these are also known as Tier 1 or Tier 2 drugs. You will save the most money if you can take those medications. You can also see if medications you are currently taking are on the preferred drug list by visiting the prescription drug site at [www.carefirst.com/rx](http://www.carefirst.com/rx). You can get your prescription filled by using the retail or mail order programs.

## Did You Know?

- If the cost of your medication is less than your payment, you pay the cost of the medication.
- A generic drug is a prescription drug that by law must have the equivalent chemical composition as a specific brand name prescription drug.
- You can use your prescription drug card at more than 59,000 participating pharmacies nationwide.
- Frequently asked questions about your prescription benefits are available at [www.carefirst.com/rx](http://www.carefirst.com/rx).

## Retail Program

The retail program provides up to a 34-day supply of medication. Simply present your prescription drug identification card at one of more than 59,000 participating pharmacies nationwide and pay the appropriate payment for your medication. Once your deductible has been met, you will pay the following for drugs:

<u>Generic Drug (Tier 1)</u>	<u>75% Coinsurance</u>
Preferred Brand Name	
<u>Drug (Tier 2)</u>	<u>75% Coinsurance</u>
*Non-Preferred Brand Name	
<u>Drug (Tier 3)</u>	<u>75% Coinsurance</u>

## Mail Order Program

The mail service program is a convenient way for you to order medications. Your prescription is reviewed and dispensed by registered pharmacists and mailed directly to your home. Call Walgreens Mail Service at (800) 745-6285 for more information.

<u>34-day supply</u>	<u>75% Coinsurance</u>
35 to 90-day supply	
<u>(maintenance only)</u>	<u>75% Coinsurance</u>

## Maintenance Drugs

Up to a 90-day supply of maintenance drugs are available through the retail or mail order pharmacy. Maintenance medication is a prescription drug anticipated to be required for 6 months or more to treat a chronic condition.

<u>Generic Drug (Tier 1)</u>	<u>75% Coinsurance</u>
Preferred Brand Name	
<u>Drug (Tier 2)</u>	<u>75% Coinsurance</u>
*Non-Preferred Brand Name	
<u>Drug (Tier 3)</u>	<u>75% Coinsurance</u>

*\* Non-preferred brand name drugs are not part of the preferred drug list but are covered at the highest payment.*

ACCESS [www.carefirst.com/rx](http://www.carefirst.com/rx) FOR MORE INFORMATION ABOUT THE 3-TIER PRESCRIPTION DRUG PROGRAM AND FOR THE MOST UP-TO-DATE PREFERRED DRUG LIST.

# Benefits Summary

Plan Feature	Amount	Description
Deductible	\$2,500 Individual \$5,000 Family	Once you meet your deductible, you will pay a 75% coinsurance whether you receive a generic drug, preferred brand name drug or non-preferred brand name drug.
Generic Drugs (Tier 1) <i>(up to a 34-day supply)</i>	75% Coinsurance	All generic drugs are covered at this level.
Preferred Brand Name Drugs (Tier 2) <i>(up to a 34-day supply)</i>	75% Coinsurance	All preferred brand name drugs are covered at this level.
Non-Preferred Brand Name Drugs (Tier 3) <i>(up to a 34-day supply)</i>	75% Coinsurance	All non-preferred brand name drugs are covered at this level. These drugs are not on the preferred drug list. Check the online preferred drug list to see if there is an alternative drug available. Discuss using alternatives with your physician or pharmacist.
Annual Maximum	N/A	Your benefit does not have an annual benefit maximum.
Maintenance <i>(up to a 90-day supply)</i>	75% Coinsurance	Maintenance drugs of up to a 90-day supply are available through the mail service or retail pharmacy.
Generic Substitution	Yes	If you choose a non-preferred brand name drug (Tier 3) over its generic equivalent (Tier 1), you will pay the highest level PLUS the difference in cost between the non-preferred brand name drug and the generic drug up to the cost of the prescription.
Prior Authorization	Yes	Some prescription drugs require Prior Authorization. Prior Authorization is a tool used to ensure that you will achieve the maximum clinical benefit from the use of specific targeted drugs. Your physician or pharmacist must call to begin the prior authorization process. For the most up-to-date prior authorization list, visit the prescription drug web site at <a href="http://www.carefirst.com/rx">www.carefirst.com/rx</a> .

## Need More Information?

### On the Phone...

If you have questions about your prescription drug coverage or the preferred drug list, call Argus Health Systems at (800) 241-3371.

You should contact your physician or pharmacist if you have questions regarding the type of drug, side effects, drug interactions, storage, etc.

### By Mail...

If you have questions about your Mail Order benefits, call Walgreens Mail Service at (800) 745-6285.

### On the Web...

For the most recent information regarding the 3-tier prescription drug program, changes to the preferred drug list, etc. visit the prescription drug web site at [www.carefirst.com/rx](http://www.carefirst.com/rx).

The preferred drug list changes frequently in response to Food and Drug Administration (FDA) requirements. The list is also adjusted when a generic drug is introduced for a brand name drug. When that happens, the generic drug will be added to the Tier 1 list and the brand name drug will move from Tier 2 to Tier 3. For the most recent information about the preferred drug list, visit the prescription drug web site at [www.carefirst.com/rx](http://www.carefirst.com/rx).

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Policy Form Numbers: 13.557 (R. 7/01) • 13.559 (R. 7/01) • 13.607 (R. 10/06) • CF/MD/PPN/CHGS/Amend (7/06) • CF/MD/MPOS/CHGS/Amend (7/06) • MD/CF/MSGR/DOCS (7/06) • MD/CF/MSGR/SOB/PPO/CORE (7/06)

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