CareFirst

2015 Active Health Benefit Options

MONTGOMERY COUNTY GOVERNMENT

Point of Service Plan

MONTGOMERY COUNTY 1776 MARYLAND

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Welcome

Welcome to your plan for healthy living

From preventive services to maintain your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

What's covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- *My Care First* wellness website with health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips, and articles on nutrition, physical fitness, and stress management.

FREE *My Account* mobile app

Get our free app from your favorite app store by searching for "CareFirst."

Health care information is in the palm of your hand with CareFirst's new mobile app that allows you to manage your care, access claims information, view your ID cards and find a doctor or urgent care center any time of the day or night from your smartphones or tablets.

CUT8372-1P

Point of Service Plan At-a-Glance

Summary of Benefits

Plan Features	HIGH OPTION		STANDARD OPTION	
	In-Network Benefits Cost to Member	Out-of-Network Benefits* Cost to Member	In-Network Benefits Cost to Member	Out-of-Network Benefits* Cost to Member
CALENDAR YEAR DEDUCTIBLE				
Individual	None	$300	None	$300
Two Party or Family	None	$600	None	$600
MEDICAL SERVICES				
Office Visit	PCP: $10 copay Specialist: $10 copay	20% of Allowed Benefit	PCP: $15 copay Specialist: $30 copay	20% of Allowed Benefit 20% of Allowed Benefit
Surgery	Covered in full	20% of Allowed Benefit	Covered in full	20% of Allowed Benefit
Well Child Care	$10 copay	To age 18, 20% of Allowed Benefit*	PCP: $15 copay	To age 18, 20% of Allowed Benefit*
Routine Physicals	$10 copay	20% of Allowed Benefit; limited to one per calendar year	$15 copay	20% of Allowed Benefit; limited to one per calendar year
Pap Test	Covered in full with $10 copay	20% of Allowed Benefit*	Covered in full	20% of Allowed Benefit*
Mammograms***	Covered in full	20% of Allowed Benefit*	Covered in full	20% of Allowed Benefit*
Laboratory Tests	Covered in full at approved locations	20% of Allowed Benefit	Covered in full at approved locations	20% of Allowed Benefit*
X-Rays	Covered in full at approved locations	20% of Allowed Benefit	Covered in full at approved locations	20% of Allowed Benefit*
Allergy Injections (serum excluded)	Covered in full	20% of Allowed Benefit	Covered in full	20% of Allowed Benefit
HOSPITAL SERVICES				
Inpatient Services	Covered in full	20% of Allowed Benefit	Covered in full after $150 copay per admission	20% of Allowed Benefit
Outpatient Services	Covered in full	20% of Allowed Benefit	Covered in full	20% of Allowed Benefit
EMERGENCY SERVICES				
Emergency Room	$25 copay (waived if admitted)	Covered in full In-Network level**	$35 copay (waived if admitted)	Covered in full In-Network level**
Ambulance (when medically necessary)	Covered in full	Covered at In-Network level**	Covered in full	Covered at In-Network level**
MATERNITY SERVICES				
Pre- and Post-natal Care	$10 copay for first visit (covered in full for remaining visits)	20% of Allowed Benefit	$30 copay for first visit (covered in full for remaining visits)	20% of Allowed Benefit
Hospital Services	Covered in full	20% of Allowed Benefit	$150 copay	20% of Allowed Benefit
MENTAL HEALTH & SUBSTANCE ABUSE SERVICES****				
Inpatient Services	Covered in full	20% of Allowed Benefit	Covered in full after $150 copay per admission	20% of Allowed Benefit
Partial Hospitalization	Covered in full	20% of Allowed Benefit	Covered in full	20% of Allowed Benefit
Outpatient Services	$10 copay	20% of Allowed Benefit	$15 copay	20% of Allowed Benefit

Point of Service Plan At-a-Glance

Summary of Benefits

Plan Features	HIGH OPTION		STANDARD OPTION	
	In-Network Benefits Cost to Member	Out-of-Network Benefits* Cost to Member	In-Network Benefits Cost to Member	Out-of-Network Benefits* Cost to Member
ADDITIONAL MEDICAL SERVICES				
Home Health Care (limited to 90 visits per calendar year)	Covered in full	20% of Allowed Benefit	Covered in full	20% of Allowed Benefit
Skilled Nursing Facility (100 days max)	Covered in full	20% of Allowed Benefit	Covered in full	20% of Allowed Benefit
Hospice Care	Covered in full	20% of Allowed Benefit	Covered in full	20% of Allowed Benefit
ROUTINE VISION SERVICES				
Pediatric Visual Screening	Covered in full	20% of Allowed Benefit* (as part of Well Child Care)	Covered in full	20% of Allowed Benefit* (as part of Well Child Care)
Refraction	Not covered	Not covered	Not covered	Not covered
HEARING SERVICES				
Childhood Hearing Screening	Covered in full	20% of Allowed Benefit* (as part of Well Child Care)	Covered in full	20% of Allowed Benefit* (as part of Well Child Care)

* *All out-of-network services except those marked with an asterisk (*) are subject to the deductible.*

** *For bonafide medical emergency or accidental injury.*

*** *•One baseline screening for ages 35-39*
•One screening 2 calendar years or more frequently if recommended by a practitioner for ages 40-49
•One screening every year for ages 50+

**** *•To obtain in-network benefits for outpatient mental health and substance use disorder services, you must use a provider in the Magellan Behavioral Health network. To locate a participating Magellan provider, call 1-800-245-7013.*

Getting the Most from Your Plan

There's More to Your Health Plan Than You Might Think

Whether you need to find a doctor or hospital, plan your health care expenses, manage your claims and benefits or search for information to help maintain your health, CareFirst offers the services and resources you need...right at your fingertips.

This section outlines the added features you receive as a CareFirst member. Feel free to visit us at **www.carefirst.com** to learn more about the following member benefits.

Find a doctor

Quickly search for the type of doctor you need in your area.

Check claims and benefits

Manage many aspects of your CareFirst plan online, day or night.

Compare plans

Make an informed decision if you have more than one health plan to choose from with our Coverage Advisor tool.

Get discounts

Access wellness discounts on fitness gear, gym memberships, healthy eating options, and more.

Read up about your health

Find a variety of health education articles, nutritious recipes, interactive health tools and more on the My Care First website. Or, download the latest issue of our *Vitality* magazine to learn more about your plan and staying healthy.

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Coordination of Benefits

If You're Covered by More Than One Health Plan

As a valued CareFirst member, we want to help you maximize your benefits and lower your out-of-pocket costs. If you're insured by more than one health insurance plan, our Coordination of Benefits program can help manage your benefit payments for you, so that you get the maximum benefits.

What is Coordination of Benefits (COB)?

It's a way of organizing or managing benefits when you're covered by more than one health insurance plan. For example:

- You and your spouse have coverage under your employer's plan.
- Your spouse also has coverage with another health insurance plan through his or her employer.

When you're covered by more than one plan, we coordinate benefit payments with the other health care plan to make sure you receive the maximum benefits entitled to you under both plans.

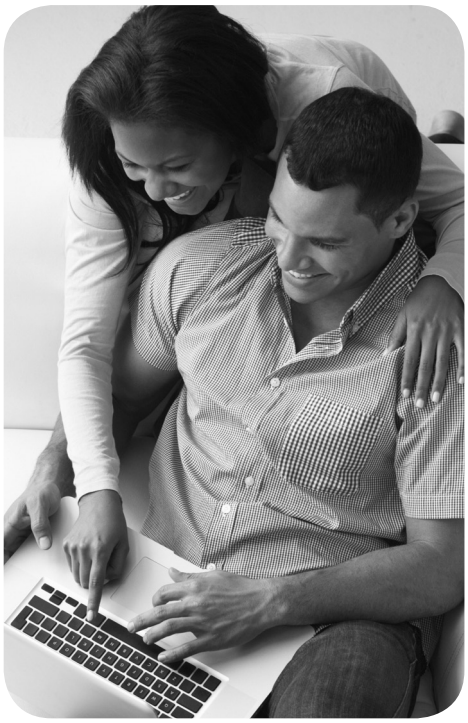
How does COB work?

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) and most commercial insurance carriers follow the primary-secondary rule. This rule states when a person has double coverage, one carrier is determined to be the primary plan and the other plan becomes the secondary plan.

The **primary plan** has the initial responsibility to consider benefits for payment of covered services and pays the same amount of benefits it would normally pay, as if you didn't have another plan.

The **secondary plan** then considers the balances after the primary plan has made their payment. This additional payment may be subject to applicable deductibles, copay amounts, and contractual limitations of the secondary plan.

With the COB between your primary and secondary plans, your out-of-pocket costs may be lower than they would've been if you only had one insurance carrier.



Covered by more than one health plan? Contact Member Services at the number listed on your ID card.

What if I have other coverage?

Contact Member Services at the number listed on your ID card, so we can update your records and pay your claims as quickly and accurately as possible. Let us know when:

- You're covered under another plan.
- Your other coverage cancels.
- Your other coverage is changing to another company.

We may send you a routine questionnaire asking if you have double coverage and requesting information regarding that coverage, if applicable. Complete and return the form promptly, so we can continue to process your claims.

How do I submit claims?

When CareFirst is the primary plan

You or your doctor should submit your claims first to CareFirst, as if you had no other coverage. The remaining balance, if any, should be submitted to your secondary plan. Contact your secondary plan for more information on how to submit the claims for the remaining balance.

When CareFirst is the secondary plan

Submit your claim to the primary plan first. Once the claim has been processed and you receive an Explanation of Benefits detailing the amount paid or denial reasons, the claim can be submitted to CareFirst for consideration of the balances. Mail a copy of the Explanation of Benefits from the primary carrier and a copy of the original claim to the address on the back of your CareFirst ID card.

When CareFirst is the primary and secondary plan

You don't need to submit two claims. When a claim form is submitted, write the CareFirst ID number of the primary plan in the subscriber ID number space. Then complete the form by indicating the CareFirst secondary plan ID number under "Other Health Insurance." In most cases, we'll automatically process a second claim to consider any balances.

Which health plan is primary?

There are standard rules throughout the insurance industry to determine which plan is primary and secondary. It's important to know these rules because your claims will be paid more quickly and accurately if you submit them in the right order. Keep in mind that the primary-secondary rule may be different for different family members.

Here are the rules we use to determine which plan is primary:

- If a health plan doesn't have a COB provision, that plan is primary.
- If one person holds more than one health insurance policy in their name, the plan that has been in effect the longest is primary.
- If you're the subscriber under one plan and a covered dependent under another, the plan that covers you as the subscriber is primary for you.
- If your child(ren) are covered under your plan and your spouse's plan, the Birthday Rule applies. This rule states the health plan of the parent whose birthday occurs earlier in the year is the primary plan for the children.
  - For example, if your birthday is May 3 and your spouse's is October 15, your plan is primary for your children. But, if the other insurer does not follow the Birthday Rule, then its rules will be followed.
  - When parents are separated or divorced, the family plan in the name of the parent with custody is primary unless this is contrary to a court determination.
  - For dependent coverage only, if none of the above rules apply, the plan that's covered the dependent longer is primary.

Find a Doctor, Hospital or Urgent Care

www.carefirst.com/doctor

It's easy to find the most up-to-date information on health care providers and facilities who participate with CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst).

Whether you need a doctor or a facility, **www.carefirst.com** can help you find what you're looking for based on your specific needs.

We make it easy for you to find the doctors you need at **www.carefirst.com**. The site is updated weekly, so you always have the most up-to-date information available.

The most up-to-date information

Go to **www.carefirst.com/doctor**. From here you can:

- Find a doctor or provider in your plan.
- Search for a doctor by name.
- Select a Primary Care Physician.

Click "Find Providers" tab on **www.carefirst.com** to:

- Learn more about our Directory.
- Change your PCP.
- Research a Doctor or Hospital.
- Learn about Specialists.

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health+wellness
take charge.

Whether you're looking for health and wellness tips, discounts on health-related services, or support to manage a health condition, we have the resources to help you get on the path to good health.

Health education

Find a wide variety of health education articles, nutritious recipes and cooking videos, interactive health-related tools, and more at **www.mycarefirst.com.**

FirstHelp™

Registered nurses are available 24 hours a day to answer your health care questions. Call (800) 535-9700 with your health questions or for help choosing the best source of care.

Vitality magazine

Vitality provides updates to your health care plan and a variety of health and wellness topics, including food and nutrition, physical fitness, and preventive health. All issues are available online at **www.carefirst.com/vitality.**

Support during your pregnancy

Help keep yourself and your baby healthy during pregnancy. Once enrolled, Case Managers provide education and information on prenatal care and pregnancy. For more information, call (888) 264-8648.

Wellness discount program

Blue365 delivers great discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and more. Visit **www.carefirst.com/wellnessdiscounts.**

Health and wellness programs and resources help you and your family live a healthy life.

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Health news

Get the latest information to help you, and your family, maintain a healthy lifestyle. To sign up for our monthly electronic member newsletter, visit **www.carefirst.com/healthnews**.

Pedometer app

Count your steps, distance traveled and calories burned for each workout with the free CareFirst Ready, Step, Go! app. The app is available for iPhone™, iPod Touch™, or Android™ smartphones—visit your app store and search for "Ready, Step, Go!"

Living with a chronic condition

Patient-Centered Medical Home (PCMH)

Living with a chronic illness can be challenging. Understanding more about your condition, and how to manage it, can help you take health challenges in stride and feel better.

PCMH was designed to provide your primary care provider with a more complete view of your health needs, as well as the care you receive from other providers. When you participate in this program, you are the focus of an entire health care team whose goal is to better manage and coordinate your care and improve your health. Talk to your doctor about PCMH to determine if it is right for you!

Dealing with the unexpected

Case Management

If you have a serious illness or injury, our Case Management program can help you navigate through the health care system and provide support along the way. Our Case Managers are registered nurses who will:

- Work closely with you and your doctors to develop a personalized treatment plan.
- Coordinate necessary services.
- Answer any of your questions.

Our Case Management program is voluntary and confidential. For more information, or to enroll, call (888) 264-8648.

FirstHelp™

24-Hour Health Care Advice Line

Anytime, day or night, you can speak with a FirstHelp nurse. Registered nurses are available to answer your health care questions and help guide you to the most appropriate care.

How FirstHelp™ works

Simply call (800) 535-9700 and a registered nurse will:

- Ask about your symptoms.
- Help you decide on the best source of care.

When to call FirstHelp™

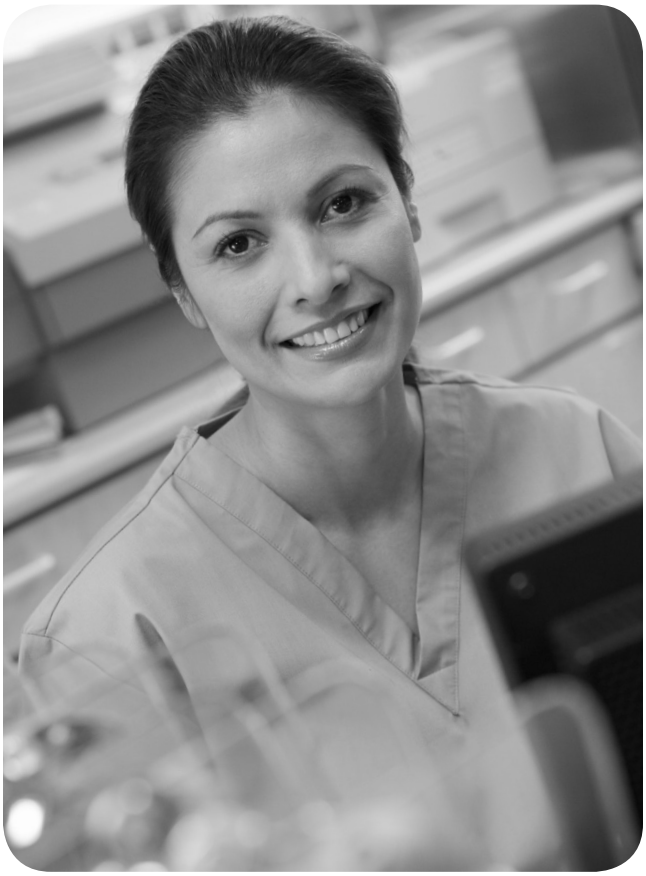
First, you should call your doctor when you have a health concern. If you can't reach your doctor and have questions about your health, an illness or an urgent medical condition, a registered FirstHelp™ nurse is available to answer your questions and assist you in determining your options.

If you have an emergency and can't safely wait to speak with your doctor, call 911 or go to the nearest emergency room.

FirstHelp nurses won't be able to answer questions about the following:

- Your benefits and what is covered by your health care plan.
- Information on your claims.
- Pre-authorizations.

If you have questions about your benefits or claims, please call the Member Services number listed on the back of your ID card. If you need authorization for a service, please call the appropriate number listed on the back of your ID card.



FirstHelp™ 24 Hours
(800) 535-9700

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My Account

Online Access to Your Claims

View personalized information on your claims and out-of-pocket costs online with *My Account.* Simply log on to **www.carefirst.com/myaccount** for real-time information about your plan.

Features of *My Account*

- View your deductible status and out-of-pocket costs for your current and previous plan year.
- Review up to one year of medical claims—total charges, benefits paid and costs for a specific date range
- Request an ID card
- Sign up for electronic communications and get your information faster and more securely

Signing up is easy

Visit **www.carefirst.com/myaccount,** click on *Register Now* and set up your User ID and Password. You'll just need information from your member ID card.

Additional tools

Depending on your specific health plan, you may have access to the following services through *My Account:*

- Download claim forms
- Find in-netwok providers

Mobile access

View the most-visited information in *My Account* on your smartphone or tablet.

Our mobile site is available from any browser-equipped mobile device. To try out the app, visit your favorite app store, search for "CareFirst" and install the CareFirst app on your device.

Enjoy access to:

- Find a provider
- Search for nearby urgent care and ER facilities, based on your current location (as determined by your device's GPS).
- Searchable claims information
- Who's eligible and covered under your policy
- View your ID cards (App users can also print and email ID cards)
- Register for *My Account* and maintain your security and notification preferences

For more information on our mobile site and app, visit **www.carefirst.com/mobileaccess.**

SUM2000-1P

Rights & 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 of fully insured groups only. 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 obtain a copy of our Notice of Privacy Practices, go to **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. Members of self-insured groups should contact their Human Resources department for a copy of their Notice of Privacy Practices. If you don't know whether your employer is self-insured, please contact your Human Resources department.

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**
  - Fax a written complaint to: (301) 470-5866
  - Write to: **CareFirst BlueCross BlueShield**
    Quality of Care Department, P.O. Box 17636
    Baltimore, MD 21297

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.

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

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

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.

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 even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

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**.

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.
- 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 contracts sold to businesses based in Maryland. 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.

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 as a result of breast cancer) 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. This coverage applies only to contracts sold to businesses based in Maryland. 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:

- 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 Evidence of Coverage 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.

CareFirst BlueCross BlueShield
CareFirst BlueChoice, Inc.
10455 Mill Run Circle
Owings Mills, MD 21117-5559

www.carefirst.com

Health benefits administered by:

CONNECT WITH US:

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc.
CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association.
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