Your Health Benefit Options
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Welcome

Welcome to your plan for healthy living

From preventive services to maintaining your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (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.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- Vitality magazine with healthy recipes, preventive health care tips and a variety of articles.

Visit carefirst.com/mcg for up-to-date information on your plan.
BlueChoice Advantage
Offers you the freedom to choose

BlueChoice Advantage offers in- and out-of-network coverage to help control your out-of-pocket costs and there’s no referral to see a specialist. We also offer online tools and resources at carefirst.com/mcg that give you the flexibility to manage your health care and wellness goals wherever you are.

Benefits at a glance

Preventive care and sick office visits
You are covered for all preventive care as well as sick office visits.

Large provider network
You can choose any doctor from our large network of providers. Our network also includes specialists, hospitals and pharmacies—giving you many options for your health care.

Specialist services
Your coverage includes services from specialists without a referral. Specialists are doctors or nurses who are highly trained to treat certain conditions, such as cardiologists or dermatologists.

Prescription drug coverage
Your plan covers prescription drugs.

Hospital services
You’re covered for overnight hospital stays. You’re also covered for outpatient services, those procedures you get in the hospital without spending the night. Your PCP or specialist must provide prior authorization for all inpatient hospital services and may need to provide prior authorization for some outpatient hospital services such as rehabilitative services, chemotherapy and infusion services.

Labs, X-rays or specialty imaging
Covered services include provider-ordered lab tests, X-rays and other specialty imaging tests (MRI, CT scan, PET scan, etc.).

Take advantage of your benefits

- $0 cost for comprehensive preventive health care visits.
- Choose any provider you want—no referrals required.
- A network of almost 40,000 CareFirst BlueChoice providers (PCPs, nurse practitioners, specialists, hospitals, pharmacies, and diagnostic centers) in Maryland, Washington, D.C. and Northern Virginia.
- After-hours care, including a free 24-hour nurse advice line, video visits, convenience care clinics and urgent care centers.
- If you need care outside the CareFirst BlueCross BlueShield (CareFirst) service area of Maryland, Washington, D.C. and Northern Virginia, you have access to thousands of providers in all 50 states and receive in-network benefits when you see a BlueCard® PPO provider.

Montgomery County Government—Health Benefit Options
**Well-child visits**
All well-child visits and immunizations are covered.

**Maternity and pregnancy care**
You are covered for doctor visits before and after your baby is born, including hospital stays. If needed, we also cover home visits after the baby’s birth.

**Mental health and substance use disorder**
Your coverage includes behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services and substance use disorder treatment.

**How your plan works**

**Receiving care inside the CareFirst service area**
When you need care in Maryland, Washington, D.C. or Northern Virginia, select a provider in the CareFirst BlueChoice network to receive in-network coverage and pay the lowest out-of-pocket costs.

If you receive care within our service area but outside the BlueChoice network, your benefits will be paid at the out-of-network level, but you’ll incur lower costs by using a participating national BlueCard PPO provider. To find a national participating provider, visit bcbs.com.

If you receive services from a provider outside of the BlueChoice or national BlueCard PPO provider network, you may have to:

- Pay higher out-of-pocket costs
- Pay the provider’s actual charge at the time you receive care
- File a claim for reimbursement
- Satisfy a higher deductible and/or coinsurance amount

**Receiving care outside the CareFirst service area**
Members seeking care outside the CareFirst service area will pay the lowest costs by using a national BlueCard PPO provider. Members will still have the option to opt-out of this network but will pay a higher out-of-pocket expense.

If you receive services from a provider outside of the national BlueCard PPO network when you are out of the CareFirst service area, you will have to:

- Pay the provider’s actual charge at the time you receive care
- File a claim for reimbursement
- Satisfy a deductible and coinsurance/copays

The choice is entirely yours. That’s the advantage of this plan.

### Inside the CareFirst service area

**In-network you pay:** $  
BlueChoice network

**Out-of-network you pay:** $$  
BlueCard PPO network

**Non-participating providers you pay:** $$$  
(Balance billing may apply)

### Outside the CareFirst service area

**In-network you pay:** $  
BlueCard PPO network

**Non-participating providers you pay:** $$$  
(Balance billing may apply)
Hospital authorization
CareFirst BlueChoice providers will obtain any necessary admission authorizations for in-area covered services. You will be responsible for obtaining authorization for services provided by out-of-network providers and out-of-area admissions. Call toll-free at 866-PREAUTH (773-2884).

Prior authorization is not required for emergency admissions or maternity admissions.

Your benefits
Step 1: Meet your deductible (if applicable)
If your plan requires you to meet a deductible, you will be responsible for the cost of your medical care up to the amount of your deductible. However, this deductible does not apply to all services.

Examples of in-network services not subject to deductible*:
- Adult preventive visits with PCP
- Well-child care and immunizations with PCP
- OB/GYN visits and pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal maternity services

Step 2: Your plan will start to pay for services
Your full benefits will become available once your deductible (if applicable) is met. However, the level of those benefits will depend on whether you see in-network or out-of-network providers. Depending on your particular plan, you may also have to pay a copay or coinsurance when you receive care.

You will have a different deductible amount for in-network versus out-of-network benefits and the in- and out-of-network medical deductibles contribute toward one another. For example, when you see in-network providers, your expenses will count toward both your in-network deductible and out-of-network deductible.

Deductible requirements vary based on whether your coverage is an individual or family plan. If more than one person is covered under your plan, please refer to your Certificate of Coverage for detailed information on deductibles.

* This is not a complete list of all services. For a comprehensive explanation of your coverage, please check your Evidence of Coverage.
Step 3: Your out-of-pocket maximum

Your out-of-pocket maximum is the maximum amount you will pay during your benefit period. Any amount you pay toward your deductible (if applicable) and most copays and/or coinsurance will count toward your out-of-pocket maximum.

Just like your deductible, there are different in-network and out-of-network amounts and the in- and out-of-network out-of-pocket maximums contribute toward one another.

Please keep in mind that out-of-pocket requirements also differ if your coverage is an individual or family plan. Detailed information on out-of-pocket maximum amounts can be found in your Certificate of Coverage.

Labs, X-rays or specialty imaging

If you access laboratory services inside the CareFirst service area (Maryland, Washington, D.C. and Northern Virginia) you must use LabCorp as your lab test facility for in-network benefits. Services performed by any other provider, while inside the CareFirst service area, will be considered out-of-network.

LabCorp has approximately 100 locations throughout Maryland, Washington, D.C. and Northern Virginia. To locate a LabCorp patient service center near you, call 888-LAB-CORP (522-2677) or visit labcorp.com.

If you access laboratory services outside of Maryland, D.C. or Northern Virginia, you may use any participating BlueCard PPO facility and receive in-network benefits. To find laboratory service providers outside of the CareFirst service area, visit our Find a Provider tool (carefirst.com/mcg) and search by Labs.

If you need X-rays or other specialty imaging services when inside the CareFirst service area, you must visit a participating freestanding/non-hospital diagnostic center such as Advanced Radiology. If you need X-rays or other specialty imaging services when outside the CareFirst service area, you may use any participating BlueCard PPO facility and receive in-network benefits.

Out-of-area coverage

You have the freedom to take your health care benefits with you across the country. BlueCard PPO, a program from the Blue Cross and Blue Shield Association, allows you to receive the same health care benefits while traveling outside of the CareFirst service area of Maryland, Washington, D.C. and Northern Virginia. The BlueCard program includes more than 6,100 hospitals and 600,000 other health care providers nationally.

Global coverage

If you travel outside of the U.S., access to quality medical coverage is essential to keeping you healthy and productive. With BlueCross BlueShield Global Core* solutions from CareFirst, you'll receive:

■ Access to nearly 170,000 English-speaking providers and more than 11,500 hospitals in nearly 200 countries worldwide
■ 24/7 telephone support
■ Seamless claims processing/reimbursement designed for occasional or short-term travel, the Core plan connects members with their home plan benefits to provide basic medical coverage outside of the U.S.

For more information on Global Core, please call 800-810-BLUE (2583).

*BlueCross BlueShield Global is a brand owned by BlueCross BlueShield Association
BlueCard & Blue Cross Blue Shield Global® Core
Wherever you go, your health care coverage goes with you

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you’ll always have the care you need when you’re away from home, from coast to coast. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core) you have access to care outside of the U.S.

Your membership gives you a world of choices. More than 93% of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield plans. Whether you need care here in the United States or abroad, you’ll have access to health care in more than 190 countries.

When you’re outside of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C., and Northern Virginia), you’ll have access to the local Blue Cross Blue Shield Plan and their negotiated rates with doctors and hospitals in that area. You shouldn’t have to pay any amount above these negotiated rates. Also, you shouldn’t have to complete a claim form or pay up front for your health care services, except for those out-of-pocket expenses (like non-covered services, deductibles, copayments, and coinsurance) that you’d pay anyway.

Within the U.S.
1. Always carry your current member ID card for easy reference and access to service.
2. To find names and addresses of nearby doctors and hospitals, visit the National Doctor and Hospital Finder at www.bcbs.com, or call BlueCard Access at 800-810-BLUE (2583).
3. Call the Customer Service number on the back of your member ID card to verify benefits or find out if pre-certification or prior authorization is required.
4. When you arrive at the participating doctor’s office or hospital, simply present your ID card.
5. After you receive care, you shouldn’t have to complete any claim forms or have to pay up front for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete explanation of benefits.

As always, go directly to the nearest hospital in an emergency.
Around the world

Like your passport, you should always carry your ID card when you travel or live outside the U.S. The Blue Cross Blue Shield Global® Core program (BCBS Global® Core) provides medical assistance services and access to doctors, hospitals and other health care professionals around the world. Follow the same process as if you were in the U.S. with the following exceptions:

- At hospitals in the BCBS Global Core Network, you shouldn’t have to pay up front for inpatient care, in most cases. You’re responsible for the usual out-of-pocket expenses. And, the hospital should submit your claim.

- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care, and other medical services. Then, complete an international claim form and send it to the BCBS Global Core Service Center. The claim form is available online at bcbs.globalcore.com.

- To find a BlueCard provider outside of the U.S. visit bcbs.com, select Find a Doctor or Hospital.

Members of Maryland Small Group Reform (MSGR) groups have access to emergency coverage only outside of the U.S.

Medical assistance when outside the U.S.

Call 800-810-BLUE (2583) toll-free or 804-673-1177, 24 hours a day, 7 days a week for information on doctors, hospitals, other health care professionals or to receive medical assistance services. A medical assistance coordinator, in conjunction with a medical professional, will make an appointment with a doctor or arrange hospitalization if necessary.

Visit bcbs.com to find providers within the U.S. and around the world.
# BlueChoice Advantage POS Network Summary of Benefits

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>HIGH OPTION</th>
<th>STANDARD OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Benefits</td>
<td>Out-of-Network Benefits</td>
</tr>
<tr>
<td></td>
<td>Cost to Member</td>
<td>Benefits Cost to Member</td>
</tr>
<tr>
<td>Visit carefirst.com/mcg to locate providers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FIRSTHELP—24/7 NURSE ADVICE LINE—FREE ADVICE FROM A REGISTERED NURSE**

Visit carefirst.com/mcg to learn more about your options for care.

**ANNUAL DEDUCTIBLE (BENEFIT PERIOD)**

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>$300</td>
<td>$600</td>
</tr>
</tbody>
</table>

**ANNUAL OUT-OF-POCKET MAXIMUM (BENEFIT PERIOD)**

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>$2,000 Individual/ $4,000 Family</td>
<td>$2,000 Individual/ $4,000 Family</td>
</tr>
</tbody>
</table>

**LIFETIME MAXIMUM BENEFIT**

<table>
<thead>
<tr>
<th>Lifetime Maximum</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**PREVENTIVE SERVICES**

- **Well-Child Care (including exams & immunizations)**: $10 per visit
- **Adult Physical Examination (including routine GYN visit)**: $10 per visit
- **Breast Cancer Screening**: No charge
- **Pap Test**: No charge
- **Prostate Cancer Screening**: No charge
- **Colorectal Cancer Screening**: No charge

**OFFICE VISITS, LABS AND TESTING**

- **Office Visits for Illness**: $10 per visit
- **Imaging (MRA/MRS, MRI, PET & CAT scans)**: No charge
- **Lab** (at approved locations): No charge
- **X-ray** (at approved locations): No charge
- **Allergy Shots**: No charge
- **Physical, Speech and Occupational Therapy (limited to 90 visits/injury/benefit period)**: No charge
- **Chiropractic**: No charge

**EMERGENCY SERVICES**

- **Urgent Care Center**: No charge
- **Emergency Room—Facility Services**: $25 per visit (waived if admitted)
- **Ambulance (if medically necessary)**: No charge

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Visit carefirst.com/mcg to locate providers.
# BlueChoice Advantage POS Network Summary of Benefits

## Plan Features

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>HIGH OPTION</th>
<th>STANDARD OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Benefits</td>
<td>Cost to Member(^1,^2)</td>
</tr>
<tr>
<td><strong>HOSPITALIZATION (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Facility Services</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td>Outpatient Physician Services</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td>Inpatient Facility Services</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td>Inpatient Physician Services</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>HOSPITAL ALTERNATIVES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Care (90-visit maximum in-network)</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td>Hospice (Inpatient—limited to 30 days; Outpatient—unlimited during Hospice eligibility period)</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Skilled Nursing Facility (limited to 100 days/benefit period)</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>MATUREITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Prenatal and Postnatal Office Visits</td>
<td>$10 per visit</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td>Delivery and Facility Services</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td>Nursery Care of Newborn</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td>Artificial and Intrauterine Insemination(^7) (limited to 6 attempts per live birth)</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td>In Vitro Fertilization Procedures(^7) (limited to 3 attempts per live birth up to $100,000 lifetime maximum)</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH AND SUBSTANCE USE DISORDER (MEMBERS ARE RESPONSIBLE FOR APPLICABLE PHYSICIAN AND FACILITY FEES)</strong></td>
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<tr>
<td>Inpatient Facility Services</td>
<td>No charge*</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td>Inpatient Physician Services</td>
<td>No charge*</td>
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<tr>
<td>Outpatient Facility Services</td>
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<td>Outpatient Physician Services</td>
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</tr>
<tr>
<td>Office Visits</td>
<td>$10 per visit</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td>Medication Management</td>
<td>$10 per visit</td>
<td>Deductible, then 20% of Allowed Benefit</td>
</tr>
<tr>
<td><strong>MEDICAL DEVICES AND SUPPLIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Hearing Aids for ages 0-18 (limited to 1 hearing aid per hearing impaired ear every 3 years)</td>
<td>No charge*</td>
<td>No charge*</td>
</tr>
<tr>
<td>Adult Hearing Screenings and Hearing Aids</td>
<td>Blue365 members receive a complimentary hearing screening and discounted prices on hearing aids.</td>
<td></td>
</tr>
</tbody>
</table>

Note: Allowed Benefit is the fee that participating providers in the network have agreed to accept for a particular service. The participating provider cannot charge the member more than this amount for any covered service. Example: Dr. Carson charges $100 to see a sick patient. To be part of CareFirst’s network, he has agreed to accept $50 for the visit. The member will pay their copay/coinsurance and deductible (if applicable) and CareFirst will pay the remaining amount up to $50.
BlueChoice Advantage POS Network Summary of Benefits

1. No copayment or coinsurance.
2. Copay applies if office visit is not billed.

1 When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.

2 In-Network: When covered services are rendered in Maryland, Washington D.C. and/or Northern Virginia, collectively known as the CareFirst BlueChoice service area, by a provider in the CareFirst BlueChoice Provider network, care is reimbursed at the in-network level. In-network benefits are based on the CareFirst BlueChoice Allowed Benefit. The CareFirst BlueChoice Allowed Benefit is generally the contracted rates or fee schedules that CareFirst BlueChoice providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueChoice, Inc., however, in certain circumstances, an allowance may be established by law. Outside of the CareFirst BlueChoice service area, when covered services are rendered by a provider in the preferred provider network, care is also covered at the in-network level. These in-network benefits are based on the contracted rates or fee schedules that preferred providers have agreed to accept as payment for covered services that are established by the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.

3 Out-of-Network: When covered services are rendered by a provider that is not in the CareFirst BlueChoice network in Maryland, Washington D.C. or Northern Virginia, or is not in the preferred provider network outside of CareFirst BlueChoice service area, the care is reimbursed as out-of-network. Out-of-network benefits are based on the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that are established by CareFirst BlueChoice, or the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.

4 For family coverage only: When one family member meets the individual deductible, they can start receiving benefits. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the remaining family members can start receiving benefits.

5 For Family coverage only: When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the Allowed Benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the Allowed Benefit.

6 If you receive laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) members should use LabCorp to receive In-Network benefits. Services performed by any other provider, while inside the CareFirst Service area will be considered out-of-network. If you receive laboratory services outside of Maryland, D.C. or Northern Virginia, you may use any participating BlueCard PPO laboratory and receive in-network benefits.
Know Before You Go
Your money, your health, your decision

Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It’s important to understand your options so you can make the best decision when you or your family members need care.*

Primary care provider (PCP)
Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

FirstHelp—free 24-hour nurse advice line
Call 800-535-9700 anytime to speak with a registered nurse. Nurses will discuss your symptoms with you and recommend the most appropriate care.

CareFirst Video Visit
See a doctor 24/7/365 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pink eye. Visit carefirstvideovisit.com for more information.

Convenience care centers (retail health clinics)
These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

Urgent care centers
Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

Emergency room (ER)
An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.

* The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.
When you need care

When your PCP isn’t available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs may vary depending on where you choose to get care.

<table>
<thead>
<tr>
<th>Member cost</th>
<th>Average MCG Cost</th>
<th>Sample symptoms</th>
<th>24/7</th>
<th>Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>High option</td>
<td>Standard option</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Video Visit</td>
<td></td>
<td></td>
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<tr>
<td>$10</td>
<td>$15</td>
<td>$40</td>
<td>✔</td>
<td>✔</td>
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<td></td>
<td></td>
<td>Cough, cold and flu</td>
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<tr>
<td>Convenience Care</td>
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<tr>
<td>(e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)</td>
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<tr>
<td>$10</td>
<td>$15</td>
<td>$120</td>
<td>✔</td>
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<tr>
<td></td>
<td></td>
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<td>Urgent Care</td>
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<tr>
<td>(e.g., Patient First or ExpressCare)</td>
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<tr>
<td>$0</td>
<td>$0</td>
<td>$120</td>
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<td>Cough, cold and flu</td>
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</tbody>
</table>

The cost information provided is intended to be used as a reference tool for your convenience and is not a substitute for medical advice from, or treatment by, a medical professional.

To determine your specific benefits and associated costs:
- Log in to My Account at carefirst.com/myaccount
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

For more information and frequently asked questions, visit carefirst.com/needcare.

Did you know that where you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.
You know that CareFirst BlueCross BlueShield (CareFirst) provides your health benefits and processes claims, but that's not all we do. We’re there for you at every step of care—and every stage, even when life throws you a curveball.

Whether you are faced with an unexpected medical emergency, managing a chronic condition like diabetes, or looking for help with a health goal such as losing weight, we offer one-on-one coaching and support programs. You may receive a letter or postcard in the mail, or a call from a nurse, health coach or pharmacy technician explaining the programs and inviting you to participate.

These programs are confidential and part of your medical benefit. They can also play a huge role in helping you through an illness or keeping you healthy. Once you decide to participate, you can choose how involved you want to be. We encourage you to connect with the CareFirst team so you can take advantage of this personal support.

CareFirst may call you to offer one-on-one support programs concerning Health & Wellness, Complex Care Coordination or Behavioral Health

carefirst.com/mcg
Here are a few examples of when we may contact you about these programs. Visit carefirst.com/mcg to learn more.

<table>
<thead>
<tr>
<th>Program name</th>
<th>Overview</th>
<th>Why it’s important</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Wellness</td>
<td>Personal coaching support to help you achieve your health goals</td>
<td>Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more</td>
<td>Letter or phone call from a <strong>Sharecare coach</strong></td>
</tr>
<tr>
<td>Complex Care Coordination</td>
<td>Support for a variety of critical health concerns or chronic conditions</td>
<td>Connecting you with a nurse who works closely with your primary care provider (PCP) to help you understand your doctor’s recommendations, medications and treatment plans</td>
<td>Introduction by your PCP or a phone call from a <strong>CareFirst care coordinator (nurse)</strong></td>
</tr>
<tr>
<td>Hospital Transition of Care</td>
<td>Supporting transition from hospital to home</td>
<td>Help plan for your recovery after you leave the hospital, answer your questions and, based on your needs, connect you to additional services</td>
<td>Onsite visit or phone call from a <strong>CareFirst nurse</strong></td>
</tr>
<tr>
<td>Behavioral Health and Substance Use Disorder</td>
<td>Support for mental health and/or addiction issues</td>
<td>Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources</td>
<td>Phone call from a <strong>CareFirst behavioral health care coordinator</strong></td>
</tr>
</tbody>
</table>

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members. CVS Caremark does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the pharmacy benefit management services it provides.
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.
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
carefirst.com/mcg

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, nurse practitioner or health care facility, carefirst.com/mcg can help you find what you’re looking for based on your specific needs.

You can search and filter results by:

- Provider name
- Provider specialty
- Distance
- Zip code
- City and state
- Gender
- Accepting new patients
- Language
- Group affiliations
- City and state

To view personalized information on which doctors are in your network, log in to My Account on your computer, tablet or smartphone and click Find a Doctor from the Doctors tab or the Quick Links.
Improving your health just got easier! CareFirst BlueCross BlueShield (CareFirst) has partnered with Sharecare, Inc.* to bring you a new, highly personalized wellness program. Catering to your unique health and wellness goals, our program offers motivating digital resources—accessible anytime—to help you live a healthier life.

Ready to take charge of your health?
Want to find out if your healthy habits are truly making an impact? Take the RealAge® health assessment! In just a few minutes, RealAge will help you determine the physical age of your body versus your calendar age. You’ll discover the lifestyle behaviors helping you stay younger or making you age faster and receive insightful recommendations based on your results.

Exclusive features
Our wellness program is full of tailored resources and tools that reflect your own preferences and interests. You get:

- **A personalized health newsfeed**: Receive insights, content and services.
- **Trackers**: Connect your wearable devices to monitor daily habits like sleep, steps, nutrition and more.
- **Challenges**: Having trouble staying motivated? Join a challenge to make achieving your health goals more entertaining.
- **A health profile**: Access your important health data like biometric information, vaccine history, lab results and medications all in one place.

*Sharecare, Inc. is an independent company that provides health improvement management services to CareFirst members.*
Specialized programs
The following programs can help you focus on specific wellness goals.

Health coaching
You may receive a call or email inviting you to participate in health coaching. Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

Weight management program
If you are age 18 or older, have a body mass index (BMI) of 30 or greater and are looking to lose weight, our weight management program offers a personalized solution for long-term weight loss.

Tobacco cessation program
Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Our program's expert guidance, support and wealth of tools make quitting easier than you might think.

Financial well-being program
Learn how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program can help.

To get started, visit carefirst.com/sharecare. You’ll need to enter your CareFirst account username and password and complete the one-time registration with Sharecare to link your CareFirst account information. This will help personalize your experience.

Additional offerings
- Wellness discount program—Sign up for Blue365 at carefirst.com/wellnessdiscounts to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- Vitality magazine—Read our member magazine which includes important plan information at carefirst.com/vitality.
- Health education—View our health library for more health and well-being information at carefirst.com/livinghealthy.

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.
Mental Health Support
Well-being for mind and body

Living your best life involves good physical and mental health. Emotional well-being is important at every stage in life, from adolescence through adulthood.

It's common to face some form of mental health challenge during your life. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are here to help. Our support team is made up of specially trained service representatives, registered nurses and licensed behavioral health clinicians, ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

When mental health difficulties arise for you or a loved one, remember you are not alone. Help is available and feeling better is possible.

CareFirst members have access to specialized services and programs for depression, anxiety, drug or alcohol dependence, eating disorders, and other mental health conditions.

If you or someone close to you needs support or help making an appointment, call our support team at 800-245-7013, Monday-Friday 8 a.m.–6 p.m. ET. Or for more information, visit carefirst.com/mcg.
My Account
Online access to your health care information

My Account makes it easier than ever to understand and manage personalized information about your health plan and benefits. Set up an account today! Go to carefirst.com/mcg to create a username and password.

My Account at a glance

1. Home
   - Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
   - Manage your personal profile details including password, username and email, or choose to receive materials electronically
   - Send a secure message via the Message Center
   - Check Alerts for important notifications

2. Coverage
   - Access your plan information—plus, see who is covered
   - Update your other health insurance information, if applicable
   - View, order or print member ID cards
   - Review the status of your health expense account (HSA or FSA)

Signing up is easy
Information included on your member ID card will be needed to set up your account.
- Visit carefirst.com/mcg
- Select Register Now
- Create your username and password

1 Only if offered by your plan.
Claims
- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

Doctors
- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

My Health
- Access health and wellness discounts through Blue365
- Learn about your wellness program options
- Track your Blue Rewards progress

Documents
- Look up plan forms and documentation
- Download Vitality, your annual member resource guide

Tools
- Access the Treatment Cost Estimator to calculate costs for services and procedures

Help
- Find answers to many frequently asked questions
- Send a secure message or locate important phone numbers

1 Only if offered by your plan.
2 Only available when using a computer.
3 The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.
Rights and Responsibilities

Notice of privacy practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members 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 carefirst.com/mcg 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

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.

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 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.

**Interpreter 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/membership 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.
Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 7/12/18)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

**Civil Rights Coordinator, Corporate Office of Civil Rights**

Mailing Address  
P.O. Box 8894  
Baltimore, Maryland 21224

Email Address  
civilrightscoordinator@carefirst.com

Telephone Number  
410-528-7820

Fax Number  
410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

Édè Yorùbá (Yoruba) Itétíléko: Àkíyésí yìí ní iwifún nipa iṣẹ adójútòfò rẹ. Ó le ni awọn dèètì pàtò o si le ni láò tí gbe ẹgbẹsẹ ni awọn ojú gbedèke kan. O ni ètò láò gba iwifún yìí àti íranlòwọ ní èdè rẹ lọ̀fẹ̀. Awọn omo-ègbè gbòdò pe nómáa fòònu rẹ wà lèyìn káàdí idánímọ̀ wọn. Awọn miràn le pe 855-258-6518 ki o si dùró nipasè ijiíróò títì a ó fi sọ fun ọ láò tẹ 0. Nígbáti aṣọjú kan bá dàhún, sọ èdè ti o fẹ̀ a ó sì so ô pé mó ógbúfọ̀ kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở một sau của thời hạn tháng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc gọi trước khi được nhắc nhở phím 0. Khi một thông điệp trả lời, hãy nwọ rọ-ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.


Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном для вас языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вам свяжутся переводчиком.
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蒙尼达 (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्यतः तिथियों का उल्लेख हो और आपके लिए किसी नियम समय-सीमा के भीतर काम करना जरूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिखाई देगे फॉल नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न तकनी जाए, तब तक सवाल की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएं और आपको व्यापारिक तरीके से कलनकट कर दिया जाएगा।

Bàsi-wù khá (Bassa) To Dùù Cà! Bò ni ke bá nyọ bë ré m go bọpá bô nì fù́-fù́-tíí nnye jè dyì. Bò ni ke bëdë wè jè bë bë m ké dë wa mó m ké nyoe nyu hvé bë wè bëa ké zi. C mó ni kplé bë ré n bë ni ke gbo-kpá-kpá m mòxè dyé dé nì bígí-wù khá m bë ré ké sé wídí jè pë. Kpoo nyọ bë me dá fù́n-mó bò nì jë wàa l.D. kása déen nyë. Nyò tò séin me dá nóôbá ni ke: 855-258-6518, kë ré ni fò tè bë wà kée m go bë ré bë m ké nóôbá móô 0 keë dyàí pàdàin hvé. J jù ké nyọ jà dyì m gò jùlì, po wúpë m mò poe dyìe, kë nyọ jò m bò ni lìn bë ré ké ni wùpò mú zà.

বাংলা (Bengali) নথি কর্তৃন: এই লোগিস্টিক আপারেশনের বিশ্ব কভারেজ সম্পর্কে তথ্য রেখেছে। এর মধ্যে গ্রন্থপূর্ণ তথ্য থাকতে পারে এবং কিছু ট্যাভেরেন্স মধ্যে আপনাকে না দেখা মাত্র হতে পারে। বিনা কাজে বিজ্ঞাপন ভাষায় এই তথ্য পরিশোধ এবং প্রকাশ করার জন্য অধিকার আছে। সরকারের পরিচালকের নিয়ম থাকা নম্বর কেন্দ্র কর্তৃক করা হয়। অনলাইন 855-258-6518 নম্বরে কল করুন। এটি না লম্বা পর্যন্ত অপেক্ষা করার প্রয়োজন। যখন কোনো এজেন্ট উত্তর দেন তখন আপনি বিজ্ঞাপন ভাষায় নাম বলবে এবং আপনাকে দোষীর সাথে সংযোগ করার জন্য সহযোগী হবে।

اردو (Urdu) اهمیت، کو یکی از اشکالات کوریتیس سیم متعلق مکرونیک پر مشتمل ہے ایس میں کلینیک کے او ہو دبی اور مک مک کے ہی کے مکروز میں ایک خاص شخصیت کی ضرورت ہے۔ اپنے مکرونیک کے او بہر چرخ کے یتیمن کے کو یکی ہی مشہور بنائے جا سکتے ہیں ماسیری کا مکرونیک کے یتیم پر موجود فون لیبرل کے کو یکی جسے یتیمیت کے جواب دہی یتیم پر 0 دبی پر 0 دبی کو یکی جے یکی کے نکات کری کری کے جنگی کے جواب دہی یتیم یتیم مکرونیک زبان

فارسی (Persian) توجه: این اعلامیه حاوی اطلاعات دریبری پوشش بیمه شما است. ممکن است حاصل کننده های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما یا این حق بروخوردار هستید تا این اطلاعات و راهنما را به صورت رایگان به زبان خودتان دریافت کنید. اعتضا به داد شما در درجه داد که این را نهاد شتابان یا گردید. سایر افراد می توانند با شما

لغیة العربية (Arabic) تذيبه: يجتيب هذا الإخطار على معلومات بشأن تعطيلات التامينية، وقد يحتاج إلى تواصّل مهما، وقد يحتاج إلى اتخاذ إجراءات حمل مواضع نهائية بحثٍ عن معرفة ذلك الحصول على هذه المعلومات إذا لم يكن أثار الإتصال على رقم الهاتف المذكور في框 طبّة تعرّف الالهى الخاصة بهم يمكن لآخرين الإتصال على رقم 855-258-6518 والنظر في الأخبار والتحديثات حتى يطلب منهم الضغط على رقم 0 عند إجابة أحد الوكلاء. أنقر اللغة التي تحتاج إلى التواصل بها وسنتوصيل باحده المترجمين الافريقيين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您的特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打電話在身分識別卡背面的電話號碼。其他所有人可撥打電話855-258-6518，並等候直到對話提示按下按鍵0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連繫。
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Igbo (Igbo) N’ụgbọma: Ọkwara ozi gbasara mkpuchị nchekwa onwe gi. O nwere ịnwe ụbọchị ndị dị mkpa, ị nwere ihe ime ọtụtụ ụfọdụ ụbọchị ijiidebe. Ị nwere ịkikê inweta ozi na enyemaka a n’asụsụ gi na akwụghị ugwọ ọ bula. Ndị otu kwasịrị ikpọ akaara ekwenti dị n’azụ nke kaadi njirimara ha. Ndị ozọ niile nwere ịkọ ọzọ 855-258-6518 wee chere ụbọchọ ahụ rụ mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asụsụ i chọrọ, a ga-ejiiko gi na onye okwa okwu.


Français (French) Attention: cet avis contient des informations sur votre couverture d’assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d’obtenir gratuitement ces informations et de l’aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l’arrière de leur carte d’identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu’ils seront invités à le faire. Lorsqu’un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 가입리스트에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드릴니다.

Diné Bizaad (Navajo) Ge’i: Díí bee ɬ hane’iigíí bii’ dahólóo bee éédahózin béeso áchááh naanil ník’ist’iigíí bá. Bii’ dahólóo doo iiyisií yoolkáálii’íi díí t’àáadoo le’e ádadoooyíí’iigíí da yókeedgo t’aá doo bee e’e’aaahí ájiił’iíí. Bee ná ahóót’iíí díí bee ɬ hane’i díí ník’áádoowóól t’aá nínisíad bee t’aá jiik’ée. Atah damiiliní’iigíí bésísh bee hane’i bee wóltta’iigíí nítt’izgo bee nee hódolziní’iigíí bikéédéé’í bika’é bich’ílí hodoonihýí’í. Aadóó náánála’ éi kojí’ dahóooolníí 855-258-6518 díí yíí dlütt’iíí yält’iigíí t’aá níli’é’íi díí hòaóó eí biké’édóó náašbáqás bił addíhilch’il. Áká’áñidaalwó’iigíí neidíit’ágó, saad bee yáñilt’iigíí yií dííkil díí atá’ halne’é lá ník’áádoolwól.