



CareFirst BlueCross BlueShield (BCBS)  
Point of Service (POS) In-Service Area Plan members:

# Select a Primary Care Provider (PCP) today!



We want you to get the most out of your medical plan. If you are a CareFirst BCBS POS In-Service Area Plan member, you need to select a PCP for yourself and/or your covered family members. Not selecting a PCP can significantly impact the benefits you receive:

When you select a PCP	When you do <u>not</u> select a PCP
<ul style="list-style-type: none"> <li>✓ Your benefits are covered at the in-network level whenever you see a participating provider, which means your out-of-pocket expenses are <i>lower</i>.</li> <li>✓ You do not need to file a claim for in-network services.</li> </ul>	<ul style="list-style-type: none"> <li>➔ Your benefits are covered at the out-of-network level, <i>even if you see a participating provider</i>, which means your out-of-pocket expenses are <i>higher</i>.</li> <li>➔ Generally, you must file a claim for most services when using an out-of-network provider.</li> </ul>

For details about in-network and out-of-network benefits, please see the Medical Plan Comparison Chart (part of the Group Insurance Summary Description).

## Action required:

1. **Find a participating PCP.** Visit [www.carefirst.com](http://www.carefirst.com) and select the link under “Find a Provider.” Then, search for PCPs in the Maryland POS or BlueChoice networks and jot down the PCP’s name and ID number.
2. **Contact CareFirst BCBS to select a PCP for you and each covered family member.** You have two options:
  - Call CareFirst BCBS toll-free at 1-888-417-8385 and inform the customer service representative of your PCP’s name and ID number.
  - Complete the form on the back of this flyer and fax it to the number on the form.
3. **Review the new ID card(s) that will be mailed to you within 10 business days.** If your PCP’s name does not appear on the card, call CareFirst BCBS toll-free at 1-888-417-8385.

–Your OHR Health Insurance Team

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# Primary Care Provider (PCP) Selection Form

## for BlueCross BlueShield Point of Service (POS)

A PCP is required to access in-network benefits.  
 This form is not required for POS Out-of-Area members or Medicare-eligible retirees.

1. Member Information							
Member Last Name			First Name			MI	Social Security Number

  

2. Spouse/Child and Primary Care Provider (PCP) Information							
LAST NAME	FIRST	MI	RELATIONSHIP	SEX	DATE OF BIRTH	PCP ID NUMBER	PCP NAME
			Member				<input type="checkbox"/> Current Patient
			Spouse				<input type="checkbox"/> Current Patient
			Child				<input type="checkbox"/> Current Patient
			Child				<input type="checkbox"/> Current Patient
			Child				<input type="checkbox"/> Current Patient
			Child				<input type="checkbox"/> Current Patient
			Child				<input type="checkbox"/> Current Patient
			Child				<input type="checkbox"/> Current Patient
			Child				<input type="checkbox"/> Current Patient

  

3. Other Health Insurance Information (to be completed if applicable)			
<b>NOTE: THIS INFORMATION IS SUBJECT TO VERIFICATION. FAILURE TO COMPLETE THIS SECTION MAY DELAY CLAIMS PAYMENT.</b> Are you, your spouse, or any listed children covered by any other health insurance or another Blue Cross and Blue Shield plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF YES:</b>	Name of Policy Holder	Policy Number	Does this policy cover you? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Insurance Company	City and State	Your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Your children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Member Signature			Date

**FAX FORM DIRECTLY TO CAREFIRST:  
 443-753-2380**