



POS Retiree Plan

**MONTGOMERY COUNTY
GOVERNMENT**



Retiree Health Benefit Options

Montgomery County Government

 Point-of-Service (POS) Retiree Plan brochure for Retirees and their dependents eligible for Medicare.

Table of Contents

Retiree Health Benefit Options	1
Montgomery County Government	1
Your POS Retiree Health Plan	2
What Medicare Does and Doesn't Cover	4
What You'll Need to File Claims	5
Words You Need to Know	6
Benefit Summary	7
<i>My Account</i>	9
Health & Wellness	11
Rights & Responsibilities	13

Your POS Retiree Health Plan

Your protection against illness and high medical costs

Times have changed, and so have your needs. Even though you have Medicare, you still need additional health insurance to help cover your medical expenses. That's why Montgomery County Government has selected CareFirst BlueCross BlueShield plans for you. When you use the providers who participate with Medicare, you will have little to pay for Medicare-covered services. That way, you can just concentrate on feeling better.

This benefit summary will show you how to use your benefits. As you read through it, you see terms such as deductible and approved amount. The definitions for these terms can be found in the *Words You Need to Know* section of this book. They will help you understand how your plan can save you money and make your Medicare coverage even better than before.

This benefit summary will also tell you the following:

- What the plans are and how they work.
- What Medicare does and doesn't cover.
- When you'll need to file claims, and how to file them.
- How to get the most from your health care plans.
- What your benefits are.

If you have any questions, just call CareFirst BlueCross BlueShield's Customer Service Department at 888-417-8385. You can call between 8:00 a.m. and 8:00 p.m., Monday through Friday. A customer service representative will be happy to help you.

Plan choices

- Point of Service Plan (PG52)

	Point of Service Plan* (PG52)
Medical Deductible	None
Rx Deductible	N/A
Out-of-Pocket Maximum	\$1,000 Individual \$2,000 Family

* These benefits are based on in-network benefits.

This is a summary of your benefits. For complete descriptions, please see the benefits contract.

What your plan is and how it works

How do the plans work?

Your Medicare coverage is always primary. That means that Medicare always pays first for Medicare — covered services. Your CareFirst Medicare Plan is your secondary plan. It provides benefits for some charges and services not covered by Medicare.

When you use a Medicare participating provider for medical services, you will have less to pay for Medicare—covered services because these providers have agreed to accept the Medicare approved amount for their services, commonly referred to as “accepting assignment.”

Medicare non-participating providers do not always accept the Medicare approved amount. You will pay more for your care when you use Medicare non-participating providers.

Sometimes Medicare non-participating providers will agree to accept the Medicare approved amount for some services. Whenever they do, you will have less to pay for covered services.

How can I save money with my plan?

Your plan pays all of your up-front Medicare Part A deductibles and coinsurance amounts, regardless if you see a Medicare participating or Medicare non-participating provider.

In addition, your plan covers the Medicare Part B deductible for most services. In these cases, you will not have to pay the deductible, even if you see a Medicare participating or Medicare non-participating provider.

Getting the most from your health care plan

To make sure that you make the most of your benefits and pay the least for care, follow these simple guidelines:

1. Always find out if a provider is participating (accepts the Medicare approved amount) or non-participating (does not accept the Medicare approved amount) before you receive care.
2. Avoid additional out-of-pocket expenses by using Medicare participating providers when you need Medicare-covered services.
3. Always give your Medicare membership number and your CareFirst membership number when you receive care.
4. If you need to file a claim, file right away so that you don't miss the filing deadline.



What Medicare Does and Doesn't Cover

What does Medicare cover?

Medicare has two parts, A and B. Medicare Part A (hospital insurance) partially pays for medically necessary:

- Inpatient hospital facility charges.
- Care in a skilled nursing facility after a hospital stay.
- Home health care provided by a Medicare—participating home health agency.
- Hospice care for the terminally ill.

Medicare Part B (medical services insurance) partially pays for medically necessary:

- Physician's services.
- Outpatient hospital services.
- Home health visits.
- Physical and speech therapy.
- Services and supplies covered by Medicare, such as x-rays and durable medical equipment.



What isn't covered by Medicare?

Medicare does not pay the full cost of all covered services. Medicare requires that you pay a share of the costs in the form of deductibles and coinsurance/copays.

What You'll Need to File Claims

You never have to submit a claim to Medicare. By law all providers must file these claims for you. And that applies to non-participating providers as well as participating providers.

If I receive care in Maryland, will I have to file any claims to CareFirst?

You will not have to file any claims with CareFirst for covered services if you receive the services in Maryland, Washington, D.C., Delaware, New Jersey, Pennsylvania and Northern Virginia. While you may be asked to fill out claim forms for the provider, you will not have to submit the claims yourself.

CareFirst electronically receives claims from Medicare for covered services received in Maryland, Washington, D.C., Delaware, New Jersey, Pennsylvania and Northern Virginia. That means that your claims automatically come to us from Medicare when you give your CareFirst membership number to your provider at the time you receive care.

Make sure that you always give your CareFirst membership number to your provider when you give your Medicare membership number. Without your CareFirst number, Medicare won't know to forward your claim information to us. You will then have to file your own claim.

Will I have to file any claims to CareFirst if I receive care outside of the states listed above?

Yes, your providers will file your Medicare claims for you. That's the law. But you will have to file claims with CareFirst to get benefits from your plan.

Here's what you should do. After Medicare has paid its share, you will receive an "Explanation of Medicare Benefits" (EOMB). Make copies of this

form and of your bills for each claim. Do not send the original EOMB and medical bills. Keep the originals in your files. Claims rarely get lost, but if that should happen, you can resubmit your claim if you have kept the originals.

Send a copy of the EOMB, your bills and a completed claim form to the following address:

- CareFirst Blue Cross Blue Shield
Mail Administrator
P.O. Box 14114
Lexington, KY 40512

What if I need a claim form or help submitting a claim?

Just call your CareFirst customer service representative. The numbers to call are 410-581-3539 or 888-417-8385. You can also call these numbers if you want to find out if your claim has been received.

Is there a deadline for filing claims?

The Medicare timely filing period is 12 months from the date of service.

What happens if my claim arrives after the deadline?

Your claim will not be covered, and you will not receive payment. So be sure to file your claim right away.

Words You Need to Know

Approved amount

The amount that Medicare allows participating providers to be paid for Medicare-covered services. Payments are made according to the Medicare fee schedule. Participating providers agree to accept the approved amount as payment in full for covered services. Non-participating providers can charge you more than this amount for your care (see limiting charge). The “approved amount” also may be called the “allowed amount” or “assignment”.

Coinsurance

Some services require that you pay a percentage of the costs for your medical care.

Some services require that you pay a set-dollar amount for your care. For example, under Medicare Part A, you must pay a set amount per day for inpatient hospital care after you’ve been hospitalized for over 60 days.

Your plan pays the Part A coinsurance for you.

Deductibles

Some services require that you pay a deductible before Medicare begins to pay.

Limiting charge

Some providers do not accept the Medicare approved amount as payment in full for Medicare-covered services. To protect you from high charges for these services, Medicare limits the amount that these non-participating providers can bill you. The limiting charge does not apply to any of the Traditional Medicare Supplemental Plan benefits that Medicare does not cover.

Medicare fee schedule

In general, payments for services are made according to the standard Medicare-approved fee schedule.

Medicare participating provider

Physicians and suppliers who agree to always accept the Medicare approved amount as payment in full for services. (You still pay deductibles and coinsurance.) Medicare participating providers can charge you full price for services that Medicare does not cover.

Medicare non-participating provider

Other physicians and suppliers who do not agree to always accept the Medicare Non-Participating approved amount as payment in full for services. Medicare limits the amount that non-participating providers can charge for Medicare-covered services. If you choose to see a non-participating provider, you must pay any difference between the limiting charge and the Medicare approved amount.

Provider

Any licensed doctor, nurse or professional. A provider may also be a health care facility, such as a hospital, laboratory or clinic.

Benefit Summary

Benefits	Costs	
	Remaining Costs after Medicare Payment	CareFirst Plan Payment
FACILITY		
Inpatient Hospital Days 1–60 Days 61–90 Lifetime reserve	Part A initial deductible – \$1,288 \$322 per day \$644 per day	\$1,288 \$322 per day \$644 per day
Skilled Nursing Facility Days 1–20 Days 21–100	None \$161 per day	None \$161 per day
Home Health	None	None
Hospice Care	Medicare pays most charges. Remaining costs include drug copayment and limited cost for respite care.	Remaining cost
PHYSICIAN SERVICES		
Inpatient	20% of Medicare’s approved amount and Part B deductible if accepting assignment	100% up to CareFirst allowed benefit
Emergency	20% of Medicare’s approved amount and Part B deductible	80% up to CareFirst allowed benefit
Surgery	20% of Medicare’s approved amount and Part B deductible	100% up to CareFirst allowed benefit
Laboratory Services	\$0	Not applicable
Radiology Services (Inpatient)	20% of Medicare’s approved amount and Part B deductible	100% up to CareFirst allowed benefit
Radiology Services (Outpatient or Office)	20% of Medicare’s approved amount and Part B deductible	100% up to CareFirst allowed benefit
Office Visit	20% of Medicare’s approved amount and Part B deductible	100% up to CareFirst allowed benefit
OFFICE THERAPY		
Radiation/Chemotherapy	20% of Medicare’s approved amount	100% up to CareFirst allowed benefit
Physical Therapy	20% of Medicare’s approved amount and Part B deductible	100% up to CareFirst allowed benefit, 100 visit maximum per calendar year, 80% benefit thereafter.

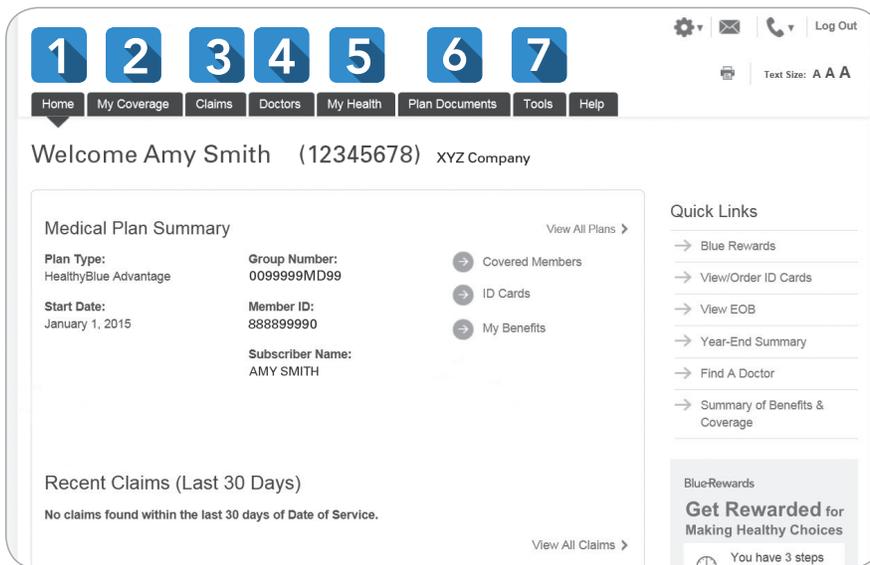
Benefits	Costs	
	Remaining Costs after Medicare Payment	CareFirst Plan Payment
OTHER SERVICES		
Ambulance Services	20% of Medicare's approved amount and Part A/B deductible	100% up to allowed benefit
Durable Medical Equipment	20% of Medicare's approved amount and Part A/B deductible	100% up to allowed benefit
Prosthetic Appliances	20% of Medicare's approved amount deductible	100% up to allowed benefit
Whole Blood (Part A — Paid in full; Part B — 3 pint deductible)	20% of Medicare's approved amount and Part A/B deductible	100% up to allowed benefit
Medical Supplies	20% of Medicare's approved amount and Part A/B deductible	100% up to allowed benefit
Mammograms	Pays for one every 12 months	Difference up to Medicare's approved amount or 100% of CareFirst allowed benefit when not covered by Medicare

- The Medicare deductibles and coinsurance amounts shown are based on 2016 figures.
- CareFirst's allowed benefit for services covered by Medicare and CareFirst will not exceed the Medicare approved amount/Medicare limiting charge.
- If Medicare benefits are exhausted, or service is not covered by Medicare, CareFirst Medicare Plan benefits may be provided.
- Blue Cross and Blue Shield benefits for inpatient hospital services are provided for 90 days per inpatient stay with a 60-day renewal interval. That is, an inpatient stay will be one stay if discharge date and readmission date are not separated by at least 60 days.
- Medicare Part B deductible is \$166 for 2016.

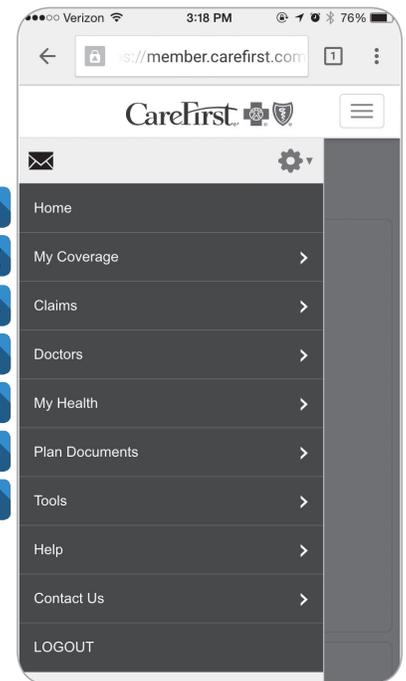
My Account

Online access to your health care information

View your personalized health insurance information online with *My Account*. Simply log on to **www.carefirst.com** from your computer, tablet or smartphone for real-time information about your plan.



As viewed on a computer.



As viewed on a smartphone.

My Account at a glance

1. Home

- Quickly view your coverage, deductible, copays, claims and out-of-pocket costs
- Use *Settings* ⚙️ to manage your password and communications preferences
- Access the Message Center ✉️

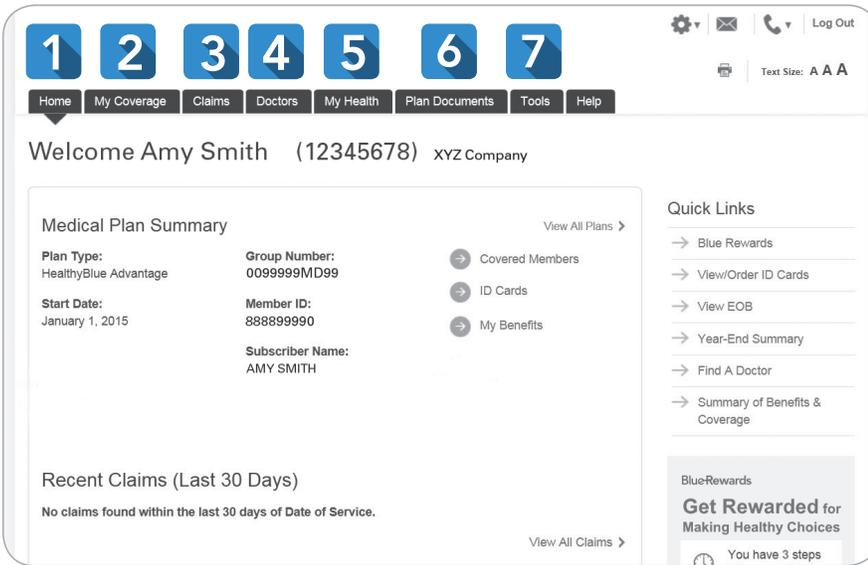
2. My Coverage

- Access your plan information, including who is covered
- Update your other health insurance info
- View/order ID cards
- Oversee your BlueFund account

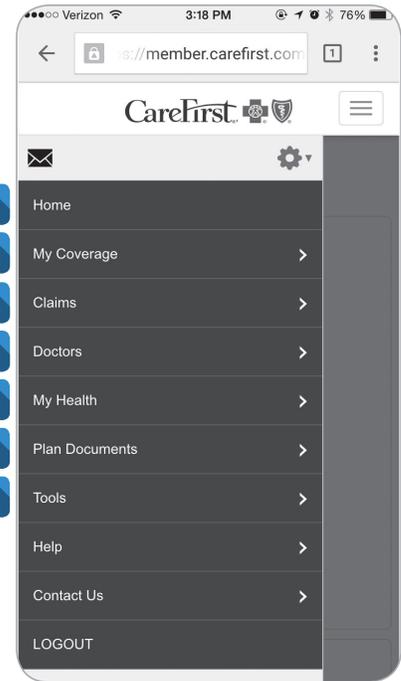
Signing up is easy

Information included on your member ID card will be needed to set up your account.

- Visit www.carefirst.com
- Select *Register Now*
- Create your User ID and Password



As viewed on a computer.



As viewed on a smartphone.

3. Claims

- Check your paid claims, deductible and out-of-pocket totals
- Research your Explanation of Benefits (EOBs) history
- Review your year-end claims summary

4. Doctors

- Select or change your primary care provider (PCP)
- Search for a specialist

5. My Health

- Learn about your wellness program options*
- Locate an online wellness coach*
- Track your Blue Rewards progress

6. Plan Documents

- Look up your forms and other plan documentation*
- Review your member handbook*

7. Tools

- Treatment Cost Estimator
- Hospital comparison tool*

**These features are available only when using a computer at this time.*

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 better well-being.

With our Health & Wellness program you can

- Become aware of unhealthy habits.
- Improve your health with programs that target your specific health or lifestyle issues.
- Access online tools to help you get and stay healthy.
- Manage chronic conditions and deal with unexpected health issues.

15 minutes can help improve your well-being

When it comes to your health, it's important to know where you stand. You can get an accurate picture of your health status with our confidential, online assessment. 24 hours after you complete the survey, you'll receive your personalized well-being score, along with a link to create your own personal well-being plan.

Take your well-being assessment today—these may be the most important questions you'll ever answer! Get started by logging in to *My Account* at www.carefirst.com/myaccount. Next, click on *Health Assessment and Online Coaching* under *Quick Links*.

Getting healthy

Based on your results after completing the well-being assessment, a health coach may contact you to discuss your results. The health coach will refer you to the appropriate resources, tools and programs that can guide you toward better health.

Health Coaching

Participate in confidential lifestyle and health coaching programs to help improve your health. Your coach will monitor your progress and provide support with programs like tobacco cessation, weight loss and disease management for conditions like diabetes or chronic obstructive pulmonary disease.

Online health and wellness tools

Looking for tools and resources that empower you to take action, stay connected and get inspired? Log in to *My Account* at www.carefirst.com/myaccount to take advantage of

Well-Being Connect™, our wellness portal:

- **Well-Being Plan**—A personalized, easy-to-navigate interactive plan including recommendations and focus areas to help keep you on track.
- **Resource Center**—Find a library of articles, videos and other resources specific to your interests and focus areas.

- **Trackers**—Record daily behaviors and check your progress for weight, exercise, medication, tobacco use, healthy eating and more. Share within your community group or on Facebook.
- **Social Networking**—Join chat sessions, update group activities and share information, personal stories, tips and successes even on Facebook.
- **Recipe Center**—Search thousands of healthy meal ideas, including cuisine-specific recipes and menus that map out calories and nutrition.
- **Message Center**—Receive health tips, activity tracker reminders and encouraging emails.

Vitality magazine

Vitality provides information about your health plan and includes articles on health and wellness topics, including nutrition, physical fitness and preventive health.

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.

Coordinating your care

Whether you're trying to get healthy or stay healthy, you need the best care. CareFirst has programs to help you take an active role in your health, address any health care issues and enjoy a healthier future.

Patient-Centered Medical Home (PCMH)

PCMH was designed to provide your primary care provider (PCP) 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 keep you in better health and manage any current or potential health risks.

If you have a chronic condition, or are at risk for one, your PCP may:

- Create a care plan based on your health needs with specific follow-up activities to help you manage your health.
- Provide access to a care coordinator, who is a registered nurse, so you have the support you need, answers to your questions and information about your care.

Find a participating PCMH provider in our provider directory at www.carefirst.com/doctor.

Case Management

If you have a serious illness or injury, our Case Management program can help you navigate 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.

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.



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.

Rights & Responsibilities

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.

If you wish, you may also contact the appropriate jurisdiction's regulatory department below 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

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.

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

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 MedPlus is the business name of First Care, Inc. CareFirst BlueCross BlueShield, First Care, Inc., and CareFirst BlueChoice, Inc., are independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.