Health Benefit Options 2020

Retirees Under 65

ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
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/aacps for up-to-date information on your plan.
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, Pharmacy or Behavioral Health.

carefirst.com/aacps
Take the Call

Here are a few examples of when we may contact you about these programs. Visit [carefirst.com/aacps](http://carefirst.com/aacps) 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 Sharecare coach</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 CareFirst care coordinator (nurse)</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 CareFirst nurse</td>
</tr>
<tr>
<td>Pharmacy Advisor</td>
<td>Managing medications for specific conditions</td>
<td>Understanding your condition and staying on track with appropriate medications is crucial to successfully managing your health</td>
<td>Letter or a phone call from a CVS Caremark pharmacy specialist</td>
</tr>
<tr>
<td>Comprehensive Medication Review</td>
<td>Managing multiple medications</td>
<td>Talking to a pharmacist who understands your medication history can help identify any possible side effects or harmful interactions</td>
<td>Phone call from a CVS Caremark pharmacist</td>
</tr>
<tr>
<td>Specialty Pharmacy Coordination</td>
<td>Managing specialty medications for chronic conditions</td>
<td>Connecting with a nurse who specializes in your condition provides additional support so you can adhere to your treatment plan for better health</td>
<td>Letter or phone call from a CVS Caremark specialty nurse</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 CareFirst behavioral health care coordinator</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.
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 can provide you with medical advice and recommend the most appropriate care.

CareFirst Video Visit
See a doctor 24/7 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 pinkeye. Visit carefirst.com/aacps 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 for a sample health plan depending on where you choose to get care.

<table>
<thead>
<tr>
<th>Sample cost</th>
<th>Sample symptoms</th>
<th>Available 24/7</th>
<th>Prescriptions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video Visit</td>
<td>$10</td>
<td></td>
<td>✔️  ✔️</td>
</tr>
<tr>
<td></td>
<td>Cough, cold and flu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pink eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)</td>
<td>$10</td>
<td></td>
<td>X  ✔️</td>
</tr>
<tr>
<td></td>
<td>Cough, cold and flu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pink eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care (e.g., Patient First or ExpressCare)</td>
<td>$10</td>
<td></td>
<td>X  ✔️</td>
</tr>
<tr>
<td></td>
<td>Sprains</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cut requiring stitches</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minor burns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$85</td>
<td></td>
<td>✔️  ✔️</td>
</tr>
<tr>
<td></td>
<td>Chest pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Difficulty breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdominal pain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

To determine your specific benefits and associated costs:
- Log in to My Account at carefirst.com/aacps
- 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/aacps.

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.
Patient-Centered Medical Home
Supporting the relationship between you and your doctor

Whether you're trying to get healthy or stay healthy, you need the best care. That's why CareFirst created the Patient-Centered Medical Home (PCMH) program to focus on the relationship between you and your primary care provider (PCP).

The program is designed to provide your PCP with a more complete view of your health needs. Your PCP will be able to use information to better manage and coordinate your care with all your health care providers including specialists, labs, pharmacies and others to ensure you get access to, and receive the most appropriate care in the most affordable settings.

Extra care for certain health conditions
If you have certain health conditions, your PCMH PCP will partner with a care coordinator, a registered nurse, to:
- Create a care plan based on your health needs with specific follow up activities
- Review your medications and possible drug interactions
- Check in with you to make sure you're following your treatment plan
- Assist you in obtaining services and equipment necessary to manage your health condition(s)

A PCP is important to your health
By visiting your PCP for routine visits, you build a relationship, and your PCP will get to know you and your medical history.
If you have an urgent health issue, having a PCP who knows your history often makes it easier and faster to get the care you need.
Even if you are young and healthy, or don't visit the doctor often, choosing a PCP is key to maintaining good health.

PCPs play a huge role in keeping you healthy for the long run. If you don't already have a relationship with a doctor, you can begin researching one today!
- To find a PCMH PCP, look for the PCMH logo when searching for primary care providers in our Provider Directory or log in to My Account and click Select/Change PCP under Quick Links.

1 All references to CareFirst refer to CareFirst BlueCross BlueShield and CareFirst, BlueChoice, Inc., collectively.
Away From Home Care

Your HMO coverage goes with you

We’ve got you covered when you’re away from home for 90 consecutive days or more. Whether you’re out-of-town on extended business, traveling, or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

Coverage while you’re away

You’re covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). If you receive care, then you’re considered a member of that Host HMO receiving the benefits under that plan. So your copays may be different than when you’re in the CareFirst BlueChoice service area. You’ll be responsible for any copays under that plan.

Enrolling in Away From Home Care

To make sure you and your covered dependents have ongoing access to care:

- Call the Member Service phone number on your ID card and ask for the Away From Home Care Coordinator.
- The coordinator will let you know the name of the Host HMO in the area. If there are no participating affiliated HMOs in the area, the program will not be available to you.
- The coordinator will help you choose a primary care physician (PCP) and complete the application. Once completed, the coordinator will send you the application to sign and date.
- Once the application is returned, we will send it to your Host HMO.

Always remember to carry your ID card to access Away From Home Care.

- The Host HMO will send you a new, temporary ID card which will identify your PCP and information on how to access your benefits while using Away From Home Care.
- Complete these steps annually as long as Away From Home Care benefits are needed.
- Simply call your Host HMO primary care physician for an appointment when you need care.

No paperwork or upfront costs

Once you are enrolled in the program and receive care, you don’t have to complete claim forms, so there is no paperwork. And you’re only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of non-covered services.
BlueCard® & 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 (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 Member Services for pre-certification or prior authorization, if necessary. Refer to the phone number on your ID card because it’s different from the BlueCard Access number listed in Step 2.
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.
**BlueCard & Global Core**

**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.
Find a Doctor, Hospital or Urgent Care
carefirst.com/aacps

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/aacps 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
- Accepting new patients
- Language
- Group affiliations
- Gender

How to locate a BlueChoice HMO Open Access Provider
1. To find a provider in the BlueChoice HMO Open Access plan, go to carefirst.com/aacps
2. Select Find a Doctor—Search Now
3. You can either continue as a guest or member by logging into My Account.
4. What type of care are you looking for? Select Medical or Mental Health
5. Go to Modify Search and select MD, D.C. or Northern VA and type in location (zip code or city/state). You can increase the distance and select Change.
6. Next, go to select plan; plan type is BlueChoice (HMO, POS) and then BlueChoice HMO Open Access and select Change.
7. You can search by the doctor’s last name, specialty or facility or choose the type of provider/facility you are looking for.

How to locate a CareFirst BlueChoice Triple Option Level 1 or Level 2 Provider
1. To find a provider in BlueChoice Triple Option Level 1 or Level 2, go to carefirst.com/aacps
2. Select Find a Doctor—Search Now
3. You can either continue as a guest or member by logging into My Account.
4. What type of care are you looking for? Select Medical or Mental Health
5. Go to Modify Search and select MD, D.C. or Northern VA and type in location (zip code or city/state). You can increase the distance and select Change.
6. Next, go to select plan: For Level 1: Select BlueChoice (HMO, POS) and then BlueChoice HMO Open Access and select Change.
   For Level 2: Select Blue Preferred (PPO) and then Blue Preferred again and select Change.
7. You can search by the doctor’s last name, specialty or facility or choose the type of provider/facility you are looking for.

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.
## Medical Benefits Options
### Retirees Under 65—January 2020

<table>
<thead>
<tr>
<th>Product Line</th>
<th>HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product Name</td>
<td>BlueChoice HMO Open Access</td>
</tr>
<tr>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>NETWORK</td>
<td>BLUECHOICE</td>
</tr>
<tr>
<td>COPAYS</td>
<td>$10 PCP / $15 Specialist copay</td>
</tr>
<tr>
<td>ANNUAL DEDUCTIBLE</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>None</td>
</tr>
<tr>
<td>Individual &amp; Child</td>
<td>None</td>
</tr>
<tr>
<td>Individual &amp; Adult</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td>None</td>
</tr>
<tr>
<td>ANNUAL OUT-OF-POCKET MAXIMUM</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>$2,000 Ind. / $6,000 Family</td>
</tr>
<tr>
<td>Combined Medical and Prescription</td>
<td>$6,350 Ind. / $12,700 Family</td>
</tr>
<tr>
<td>LIFETIME MAXIMUM BENEFIT</td>
<td>Unlimited except on fertility services</td>
</tr>
<tr>
<td>PREVENTIVE SERVICES</td>
<td></td>
</tr>
<tr>
<td>Well-Child Care</td>
<td></td>
</tr>
<tr>
<td>0–24 months</td>
<td>No Charge</td>
</tr>
<tr>
<td>24 months–13 years (immunization visit)</td>
<td>No Charge</td>
</tr>
<tr>
<td>24 months–13 years (non-immunization visit)</td>
<td>No Charge</td>
</tr>
<tr>
<td>14–17 years</td>
<td>No Charge</td>
</tr>
<tr>
<td>Adult Physical Examination</td>
<td>No Charge</td>
</tr>
<tr>
<td>Routine GYN Visits</td>
<td>No Charge</td>
</tr>
<tr>
<td>Mammograms</td>
<td>No Charge</td>
</tr>
<tr>
<td>Cancer Screening (Pap Test, Prostate and Colorectal)</td>
<td>No Charge</td>
</tr>
<tr>
<td>OFFICE VISITS, LABS AND TESTING</td>
<td></td>
</tr>
<tr>
<td>Office Visits for Illness</td>
<td>$10 PCP / $15 Specialist copay</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>$10 PCP / $15 Specialist copay</td>
</tr>
<tr>
<td>X-ray and Lab Tests</td>
<td>No copay (LabCorp)</td>
</tr>
<tr>
<td>Allergy Testing</td>
<td>$10 PCP / $15 Specialist copay (if office visit copay paid, additional copay not required)</td>
</tr>
<tr>
<td>Allergy Shots</td>
<td>$10 PCP / $15 Specialist copay (if office visit copay paid, additional copay not required)</td>
</tr>
<tr>
<td>Outpatient Physical, Speech and Occupational Therapy (Office Setting)</td>
<td>$15 copay; (limited to 30 visits combined/condition/benefit period)</td>
</tr>
<tr>
<td>Outpatient Chiropractic</td>
<td>$15 copay; (limited to 20 visits/condition/benefit period)</td>
</tr>
<tr>
<td>EMERGENCY CARE AND URGENT CARE</td>
<td></td>
</tr>
<tr>
<td>Physician's Office</td>
<td>$10 PCP / $15 Specialist copay</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>$10 PCP / $15 Specialist copay</td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>$85 copay (waived if admitted)</td>
</tr>
<tr>
<td>Ambulance (if medically necessary)</td>
<td>No charge</td>
</tr>
</tbody>
</table>
### BlueChoice Triple Option Plan—Open Access—3 Health Care Plans in 1

<table>
<thead>
<tr>
<th>BlueChoice Triple Option Open Access</th>
<th>Level 1 No Referrals Required</th>
<th>Level 2 No Referrals Required</th>
<th>Level 3 No Referrals Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BlueChoice</strong></td>
<td><strong>Preferred Provider (PPO Blue Card)</strong></td>
<td><strong>Participating/Non-Participating</strong></td>
<td></td>
</tr>
<tr>
<td>$15 PCP/$15 Specialist</td>
<td>$20 PCP/$20 Specialist</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>$200</td>
<td>$300</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>$400</td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>$400</td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>$400</td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td>$2,000 Ind. / $6,000 Family</td>
<td>$2,000 Ind. / $4,000 Family</td>
<td>$2,000 Ind. / $4,000 Family</td>
<td></td>
</tr>
<tr>
<td>$6,350 Ind. / $12,700 Family</td>
<td>$6,350 Ind. / $12,700 Family</td>
<td>$6,350 Ind. / $12,700 Family</td>
<td></td>
</tr>
</tbody>
</table>

Unlimited except on fertility services

| No charge | No charge | No charge | 80% AB, no deductible |
| No charge | No charge | No charge | 80% AB, no deductible |
| No charge | No charge | No charge | 80% AB, no deductible |
| No charge | No charge | No charge | 80% AB, no deductible |
| No charge | No charge | No charge | 80% AB after deductible |
| No charge | No charge | No charge | 80% AB after deductible |
| No charge | No charge | No charge | 80% AB after deductible |
| No charge | No charge | No charge | 80% AB after deductible |

| $15 copay | $20 copay | $20 copay | 80% AB after deductible |
| $15 copay | $20 copay | $20 copay | 80% AB after deductible |
| No copay | $20 copay | $20 copay | 80% AB after deductible |
| $15 copay | $20 copay | $20 copay | 80% AB after deductible |
| $15 copay (limited to 30 visits per condition per year) | $20 copay (limited to 100 visits per year) | $20 copay (limited to 100 visits per year) | 80% AB after deductible (limited to 100 visits per year) |
| $15 copay (limited to 20 visits per year) | $20 copay (unlimited visits) | $20 copay (unlimited visits) | 80% AB after deductible (unlimited visits) |

| $15 copay | $20 copay | $20 copay | 80% AB after deductible |
| $15 copay | $20 copay | $20 copay | 80% AB after deductible |
| $85 copay (waived if admitted) | Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level | Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level | Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level |
| No charge | Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level | Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level |

**AB=Allowed Benefit**
<table>
<thead>
<tr>
<th>Services</th>
<th>Product Line</th>
<th>HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITALIZATION</strong></td>
<td></td>
<td>BlueChoice HMO Open Access</td>
</tr>
<tr>
<td>Inpatient Facility Services</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Outpatient Facility Services</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Inpatient Physician Services</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Outpatient Physician Services</td>
<td></td>
<td>$10 PCP / $15 Specialist copay</td>
</tr>
<tr>
<td><strong>HOSPITAL ALTERNATIVES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Care</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>(limited to 365 days/benefit period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MATERNITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Prenatal and Postnatal Office Visits</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Delivery and Facility Services</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Nursery Care of Newborn</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Artificial Insemination—Subject to State Mandate (limited to 6 attempts per live birth)</td>
<td></td>
<td>50% of the AB</td>
</tr>
<tr>
<td>InVitro Fertilization Procedures—Subject to State Mandate (limited to 3 attempts per live birth &amp; $100,000 lifetime max)</td>
<td></td>
<td>50% of the AB</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH (MH) AND SUBSTANCE USE DISORDER (SUD)—SUBJECT TO FEDERAL MANDATE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Facility Services (requires Pre-authorization)</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Inpatient Physician Services</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Outpatient Services (MH &amp; SUD)</td>
<td></td>
<td>$10 copay (office)</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Medication Management Visit</td>
<td></td>
<td>$10 copay</td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td></td>
<td>100% AB</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td></td>
<td>Covered under Prescription Drug plan</td>
</tr>
<tr>
<td>Acupuncture</td>
<td></td>
<td>$15 copay (limited to 24 visits/benefit period)</td>
</tr>
<tr>
<td>Hearing Aids for Children and Adults (limited to one hearing aid/ per ear every 36 months)</td>
<td></td>
<td>100% AB per aid/per ear; member may be balanced billed up to the total charge</td>
</tr>
<tr>
<td>Outpatient Surgery (office)</td>
<td></td>
<td>$10 PCP / $15 Specialist copay</td>
</tr>
<tr>
<td>Chemotherapy/Radiation Therapy (office)</td>
<td></td>
<td>$15 copay</td>
</tr>
<tr>
<td>Renal Dialysis</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td>Cardiac Rehab (subject to Medical Policy review)</td>
<td></td>
<td>No charge</td>
</tr>
<tr>
<td><strong>DEPENDENT AGE LIMIT</strong></td>
<td></td>
<td>To age 26, end of month</td>
</tr>
</tbody>
</table>
### BlueChoice Triple Option Plan—Open Access—3 Health Care Plans in 1

#### BlueChoice Triple Option Open Access

<table>
<thead>
<tr>
<th>Level 1 No Referrals Required</th>
<th>Level 2 No Referrals Required</th>
<th>Level 3 No Referrals Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>No charge</td>
<td>90% AB after deductible</td>
<td>80% AB after deductible</td>
</tr>
<tr>
<td>No charge</td>
<td>90% AB after deductible</td>
<td>80% AB after deductible</td>
</tr>
<tr>
<td>No charge</td>
<td>90% AB after deductible</td>
<td>80% AB after deductible</td>
</tr>
<tr>
<td>$15 copay</td>
<td>$20 copay</td>
<td>80% AB after deductible</td>
</tr>
<tr>
<td>No charge</td>
<td>100% AB</td>
<td>100% AB</td>
</tr>
<tr>
<td>No charge</td>
<td>100% AB</td>
<td>100% AB</td>
</tr>
<tr>
<td>No charge</td>
<td>90% AB after deductible</td>
<td>80% AB after deductible</td>
</tr>
<tr>
<td>Not covered under Level 1</td>
<td>90% AB after deductible (OP Facility)</td>
<td>80% AB after deductible</td>
</tr>
<tr>
<td>Not covered under Level 1</td>
<td>$20 copay (OP Facility Practitioner or Office)</td>
<td>80% AB after deductible</td>
</tr>
<tr>
<td>Not covered under Level 1</td>
<td>90% AB after deductible (OP Facility)</td>
<td>80% AB after deductible</td>
</tr>
<tr>
<td></td>
<td>$20 copay (OP Facility Practitioner or Office)</td>
<td>80% AB after deductible</td>
</tr>
</tbody>
</table>

**BLUECHOICE NETWORK**

<table>
<thead>
<tr>
<th>PREFERRED PROVIDER NETWORK</th>
<th>PARTICIPATING/ NON-PARTICIPATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>No charge</td>
<td>90% AB after deductible</td>
</tr>
<tr>
<td>No charge</td>
<td>90% AB after deductible</td>
</tr>
<tr>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>No charge</td>
<td>100% AB</td>
</tr>
<tr>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>100% AB</td>
<td>90% AB after deductible</td>
</tr>
<tr>
<td>$15 copay (limited to 24 visits/benefit period)</td>
<td>$20 copay</td>
</tr>
<tr>
<td>$15 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>$15 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>No charge</td>
<td>$20 copay</td>
</tr>
<tr>
<td>No charge</td>
<td>100% AB</td>
</tr>
<tr>
<td>To age 26, end of month</td>
<td>To age 26, end of month</td>
</tr>
</tbody>
</table>

AB=Allowed Benefit
### Pharmacy Program Summary of Benefits

**Retirees Under 65**

Formulary 2 • 5-Tier • $0 Deductible • $5/20/35 • Specialty $75/$75

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Amount You Pay</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Deductible</td>
<td>None</td>
<td>Your benefit does not have a deductible.</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>None</td>
<td>Your benefit does not have a family deductible.</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>Individual $6,350&lt;br&gt;Family $12,700</td>
<td>If you reach your out-of-pocket maximum, CareFirst or CareFirst BlueChoice will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.</td>
</tr>
<tr>
<td>Preventive Drugs (up to a 30-day supply)</td>
<td>$0</td>
<td>A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.</td>
</tr>
<tr>
<td>Generic Drugs (Tier 1) (up to a 30-day supply)</td>
<td>$5</td>
<td>Generic drugs are covered at this copay level.</td>
</tr>
<tr>
<td>Preferred Brand Drugs (Tier 2) (up to a 30-day supply)</td>
<td>$20</td>
<td>All preferred brand drugs are covered at this copay level.</td>
</tr>
<tr>
<td>Non-preferred Brand Drugs (Tier 3) (up to a 30-day supply)</td>
<td>$35</td>
<td>All non-preferred brand drugs on this copay level are not on the Preferred Drug List. Discuss using alternatives with your physician or pharmacist.</td>
</tr>
<tr>
<td>Preferred Specialty Drugs (Tier 4) (up to a 30-day supply)</td>
<td>$75</td>
<td>You pay $75 for all preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.</td>
</tr>
<tr>
<td>Non-preferred Specialty Drugs (Tier 5) (up to a 30-day supply)</td>
<td>$75</td>
<td>You pay $75 for all non-preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.</td>
</tr>
<tr>
<td>Maintenance Drugs (up to a 90-day supply)</td>
<td>Generic: $10&lt;br&gt;Preferred Brand: $40&lt;br&gt;Non-preferred Brand: $70&lt;br&gt;Preferred Specialty: $150&lt;br&gt;Non-preferred Specialty: $150</td>
<td>Maintenance generic, preferred brand and non-preferred brand drugs up to a 90-day supply are available for twice the copay through Maintenance Choice at a CVS retail pharmacy or through Mail Service Pharmacy. Maintenance preferred and non-preferred specialty drugs up to a 90-day supply must be filled through Exclusive Specialty Pharmacy Network and you pay 50% coinsurance up to a maximum copay.</td>
</tr>
<tr>
<td>Refill Limit (up to a 90-day supply)</td>
<td>One initial fill plus one refill for long term medications at a retail pharmacy</td>
<td>Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day prescription from your doctor so you can choose to fill it through Mail Service or a CVS pharmacy.</td>
</tr>
<tr>
<td>Restricted Generic Substitution</td>
<td>If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay or coinsurance. Also, if your prescription is written for a brand-name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay or coinsurance.</td>
<td></td>
</tr>
</tbody>
</table>

Visit carefirst.com/aacps for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Policy Form Numbers: MD/CFBC/RX (R. 1/18) • CFMI/RX (R. 1/18) • CFMI/Matrix/PRESCRUG (R. 1/18) • MD/CF/RX (R. 1/18)
Fill your maintenance drug prescriptions with Maintenance Choice

Maintenance Choice offers you options and savings when it comes to filling your maintenance medications. Maintenance medications are drugs taken regularly for an ongoing condition such as high blood pressure, diabetes, etc. With Maintenance Choice, you can get up to a three-month supply of your maintenance drugs for the cost of a two-month supply. There are two ways to save when filling your maintenance drug prescriptions.

**CVS Mail Service Pharmacy**
- Enjoy convenient home delivery service
- Refill your prescriptions online, by phone or email
- Check account balances and make payments through an automated phone system
- Sign up to receive email notifications of order status
- Access a consulting pharmacist by phone 24 hours a day

**CVS Retail Pharmacy**
- Access the entire network of CVS pharmacies
- Pick up your medications at a time convenient to you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

You will be allowed to fill a one-month prescription two times at any retail pharmacy as we transition to Maintenance Choice. Before you reach your fill limit, CVS/caremark* will contact you to help you get started with Maintenance Choice. We'll then help you get a new prescription from your doctor so you can choose to fill it through CVS Mail Service Pharmacy or at a CVS retail pharmacy. For more information, call us toll-free at 800-241-3371.

<table>
<thead>
<tr>
<th>If you would like...</th>
<th>Then...</th>
</tr>
</thead>
<tbody>
<tr>
<td>To pick up at a CVS retail pharmacy or register for CVS Mail Service Pharmacy</td>
<td><strong>Please let us know.</strong> You can do so quickly and easily. Choose the option that works best for you:</td>
</tr>
<tr>
<td></td>
<td>■ Go to <a href="http://www.carefirst.com/aacps">www.carefirst.com/aacps</a> and log into My Account from your computer, tablet or smartphone. Click on My Coverage, select Drug and Pharmacy Resources, select My Drug Home and Order Prescriptions to select a CVS pharmacy location for pick up or register for CVS Mail Service Pharmacy.</td>
</tr>
<tr>
<td></td>
<td>■ Visit your local CVS retail pharmacy and talk to the pharmacist</td>
</tr>
<tr>
<td></td>
<td>■ Call us toll-free using the number on the back of your member ID card, and we'll handle the rest</td>
</tr>
<tr>
<td>To continue with CVS Mail Service Pharmacy</td>
<td><strong>You don't have to do anything.</strong> We'll continue to send your medications to your location of choice.</td>
</tr>
</tbody>
</table>

*CVS/caremark is an independent company that provides pharmacy benefit management services.*
Specialty Pharmacy Coordination Program

Personalized support, and services for managing complex health conditions

As costly as specialty drugs can be, the outcomes can dramatically improve the quality of your life. Yet, the effectiveness of your medications depends mostly on whether you are taking them as prescribed.

The Specialty Pharmacy Coordination Program provides specialty drug management by coordinating your care as part of a comprehensive plan monitored closely by qualified professionals. Selecting the right pharmacy within a network is an important way to avoid breakdowns and improve consistency of your care. Therefore, CareFirst selected CVS Pharmacy as its Exclusive Specialty Pharmacy.

To help you achieve the best possible health outcomes, the following services are available:

- One-on-one support from a registered nurse specializing in your specific condition
- Comprehensive assessment when you start the program
- Dedicated clinical team who coordinates care with your doctor
- Drug interaction review
- Drug and condition-specific education and counseling on medication adherence, side effects and safety
- Refill reminders
- 24-hour pharmacist assistance

The program addresses the unique clinical needs for the following conditions:
Crohn’s Disease, Cystic Fibrosis, Hemophilia, Hepatitis C, Multiple Sclerosis, Oncology, Rheumatoid Arthritis, Ulcerative Colitis and select IVIG conditions.
Ways to Save with Generic Drugs
Take control & save on your drug costs

You can save money on prescription drugs by switching to generics. Generic drugs are proven to be just as safe and effective as their brand-name counterparts. The difference? Name and price.

What are generics?

- Generics work the same as brand-name drugs, but cost much less.
- A generic drug is essentially a copy of a brand-name drug. It contains the same active ingredients and is identical in dosage, safety, strength, how it’s taken, quality, performance and intended use.
- Generic drugs are approved by the U.S. Food and Drug Administration (FDA).
- Generic drugs are manufactured in facilities that are required to meet the same FDA standards of good manufacturing practices as brand-name products.

Save by using generic drugs

- Generic drugs are less expensive than brandname medications.
- On average a member can potentially save around $200 to $360 per year by using generic drugs.
- A study by the FDA concluded that consumers who are able to replace all their branded prescriptions with generics can save up to 52 percent on their daily drug costs.

Here's an example of how much you could save by switching to a generic alternative.

<table>
<thead>
<tr>
<th>Brand name</th>
<th>Generic name</th>
<th>Average monthly cost* of brand</th>
<th>Average monthly cost* of generic</th>
<th>Monthly savings if using generic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambien (10mg)</td>
<td>Zolpidem Tartrate</td>
<td>$474</td>
<td>$1</td>
<td>$473</td>
</tr>
<tr>
<td>Coumadin (2mg)</td>
<td>Warfarin Sodium</td>
<td>$169</td>
<td>$8</td>
<td>$161</td>
</tr>
<tr>
<td>Singulair (10mg)</td>
<td>Montelukast Sodium</td>
<td>$200</td>
<td>$6</td>
<td>$194</td>
</tr>
</tbody>
</table>

*Costs based on CareFirst BlueCross BlueShield November 2015–April 2016 claims at CVS pharmacies and rounded to the nearest dollar.

1. FDA, Savings from Generic Drugs Purchased at Retail Pharmacies, June 26, 2009.
How do I switch to a generic drug?
You can ask your doctor or pharmacist if any of the prescription medications you are currently taking can be filled with a generic alternative. To find out if there are lower cost drugs available, including generics, which can be used to treat your condition:

- Visit the Drug Search section on carefirst.com/aacps and review the Preferred Drug List for your formulary.
- Print the list and take it with you to your doctor.
- Ask your doctor if a generic drug could work for you.

How we help you save
To help you get the most savings, our pharmacy benefit manager, CVS Caremark*, notifies members by mail about opportunities to save with generic drugs.

- If you fill a prescription for a non-preferred brand drug you will receive a personalized letter from CVS Caremark with available lower-cost generic alternative options plus steps for changing to a generic alternative.
- Plus, a letter will be enclosed that you can take to your doctor on your next visit.

*CVS Caremark is an independent company that provides pharmacy benefit management services.
Mail Service Pharmacy

Take advantage of Mail Service Pharmacy, a fast and accurate home delivery service that offers a way for you to save both time and money on your long-term (maintenance) prescriptions.*

As a CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) member, once you register for Mail Service Pharmacy you'll be able to:

- Refill prescriptions online, by phone or by email
- Schedule automatic refills
- Choose your delivery location
- Consult with pharmacists by phone 24/7
- Receive email notification of order status
- Choose from multiple payment options

It’s easy to register for mail service
Choose one of the following three ways:

Online
Go to carefirst.com and log in to My Account. Under the Coverage tab, select Drug and Pharmacy Resources, and click on the Request a New Mail Order Prescription link to get started. Once you’ve entered your prescription information, we will contact your doctor to request up to a 90-day supply of your medication.

By phone
Call the toll-free phone number on the back of your member ID card. Our Customer Care representatives can walk you through the process.

By mail
If you already have your prescription, you can send it to us with a completed Mail Service Pharmacy Order Form. Log in to My Account and select the Coverage tab, then choose Drug and Pharmacy Resources. Scroll to the bottom of the page and click on My Drug Forms.

* Long-term or maintenance medications are prescription drugs anticipated to be required for 6 months or more to treat a chronic or ongoing condition such as diabetes, high blood pressure or asthma.
Preferred Dental
Includes access to a National Provider Network

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice) offer Preferred (PPO) Dental coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

■ Freedom of choice, freedom to save—With Preferred Dental coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider network. It’s your choice!

■ Comprehensive coverage—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page. (Additional coverage for orthodontia is included for children and adults.)

■ Nationwide access to participating dentists—You have access to one of the nation’s largest dental networks, with more than 95,000 participating dentists throughout the United States. Preferred Dental gives you coverage for the dental services you need, whenever and wherever you need them.

Three options for care

■ Option 1—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst’s allowed benefit as payment in full, which means no balance billing for you. You are just responsible for deductibles and coinsurance.

■ Option 2—You can receive out-of-network coverage from a dentist who participates with CareFirst, but not through the Preferred Provider Network. Similar to Option 1, there is no balance billing. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.

■ Option 3—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

Frequently asked questions

How do I find a preferred dentist?
You can access an online directory 24 hours a day at carefirst.com/aacps. Click on the Dental tab, followed by Preferred Dental (PPO).

How much will I have to pay for dental services?
The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

Is there a lot of paperwork?
There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

Who can I call with questions about my dental plan?
Call Dental Customer Service toll free at: (866) 891-2802 between 8:30 am and 5:00 pm ET, Monday–Friday.

1 The CareFirst BlueChoice Dental Plan is offered in conjunction with Group Hospitalization and Medical Services, Inc., doing business as CareFirst BlueCross BlueShield, which contracts with participating dentists and provides claims processing and administrative services under the Dental Plan.
Traditional Dental
Includes access to a National Provider Network

CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice) offer Traditional Dental coverage, which allows you the freedom to see any dentist you choose.

Advantages of the plan

■ Freedom of choice, freedom to save—With Traditional Dental coverage, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Traditional Provider network. It’s your choice!

■ Comprehensive coverage—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page. (Additional coverage for orthodontia is included for children and adults.)

■ Nationwide access to participating dentists—You have access to one of the nation’s largest dental networks, with more than 95,000 participating dentists throughout the United States. Traditional Dental gives you coverage for the dental services you need, whenever and wherever you need them.

■ Opportunity to reduce costs—If you see a participating dentist, you will incur lower out-of-pocket costs for all dental services and you will have no claim forms to file. Participating dentists have agreed to accept CareFirst’s allowed benefit as payment in full for covered services. Once you meet your deductible and coinsurance, you won’t have any additional expenses. You will not be balance billed!

■ Out-of-network benefit—You can receive care from a non-participating dentist and have the same level of coverage; however, you may be subject to higher out-of-pocket costs and balance billing.

Frequently asked questions

How do I find a traditional dentist?
You can access an online directory 24 hours a day at carefirst.com/aacps. Click on the Dental tab, followed by Traditional Dental (PPO).

How much will I have to pay for dental services?
The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

Is there a lot of paperwork?
There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

Who can I call with questions about my dental plan?
Call Dental Customer Service toll free at: (866) 891-2802 between 8:30 am and 5:00 pm ET, Monday–Friday.
# Dental Options

## Active Employees and Retirees Under 65

<table>
<thead>
<tr>
<th>Benefits</th>
<th>CareFirst Traditional</th>
<th>CareFirst PPO</th>
<th>Concordia Plus DHMO MD/DC1660*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td></td>
<td>Plan Pays</td>
<td>Plan Pays</td>
<td>Plan Pays</td>
</tr>
<tr>
<td>Oral Examination</td>
<td>100% of AB</td>
<td>100% of AB</td>
<td>80% of AB</td>
</tr>
<tr>
<td>Routine Cleaning</td>
<td>100% of AB</td>
<td>100% of AB</td>
<td>80% of AB</td>
</tr>
<tr>
<td>Sealants (limited to permanent molars—until end of year in which a member turns 19)</td>
<td>100% of AB</td>
<td>100% of AB</td>
<td>80% of AB</td>
</tr>
<tr>
<td>Bitewing X-ray</td>
<td>100% of AB</td>
<td>100% of AB</td>
<td>80% of AB</td>
</tr>
<tr>
<td>Palliative Treatment</td>
<td>100% of AB</td>
<td>100% of AB</td>
<td>80% of AB</td>
</tr>
<tr>
<td>Other X-rays as required</td>
<td>100% of AB</td>
<td>100% of AB</td>
<td>80% of AB</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>100% of AB</td>
<td>100% of AB</td>
<td>80% of AB</td>
</tr>
<tr>
<td>Fillings</td>
<td>100% of AB</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Simple Extractions</td>
<td>100% of AB</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Pulpotomy</td>
<td>100% of AB</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Direct Pulp Caps</td>
<td>100% of AB</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Root Canals</td>
<td>100% of AB</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Apicoectomy</td>
<td>80% of AB**</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Oral Surgical Services</td>
<td>80% of AB**</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Surgical Extractions</td>
<td>80% of AB**</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>80% of AB**</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>80% of AB**</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Periodontics</td>
<td>50% of AB**</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Crown</td>
<td>80% of AB**</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Prosthetic Appliances (including implants)</td>
<td>50% of AB</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>50% of AB</td>
<td>80% of AB</td>
<td>60% of AB**</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$25 Ind./$50 Family</td>
<td>None</td>
<td>$50 Ind./$150 Family</td>
</tr>
<tr>
<td>Annual Benefit Maximum</td>
<td>$1,500</td>
<td>$1,500</td>
<td>None/See note 2</td>
</tr>
<tr>
<td>Ortho Lifetime Maximum</td>
<td>$1,500</td>
<td>$1,500</td>
<td>See note 3</td>
</tr>
</tbody>
</table>

(AB Allowed Benefit)

Under the Concordia Plus DHMO (MD/DC 1660*) Plan, out-of-network services are reimbursed up to a maximum amount, based on the fee schedule provided by United Concordia.

* The above DHMO Plan percentages are approximate and used for comparison purposes only. Please refer to the United Concordia (UCCI) Schedule of Benefits for actual copayment amounts. All coverage is subject to the Plan’s exclusions and limitations.

** After Deductible

Note 1—General Anesthesia is considered integral to other procedures under this plan and is not covered separately.

Note 2—No annual maximum for in-network services. United Concordia will reimburse up to a maximum of $1,000 per family member per contract year for out-of-network services.

Note 3—After $2,900 member copayment satisfied, benefits applicable to in-network services; provider should submit pre-treatment estimate. United Concordia will not reimburse covered members for any orthodontic services performed out-of-network.
Vision Program

Making vision care more affordable

Vision is one of our most valued assets. Everyone should take precautions to protect this priceless gift. Some vision problems, such as glaucoma, can only be detected through regular, professional vision exams. Without proper care, these problems can gradually grow worse.

An important asset
The CareFirst BlueCross BlueShield Vision plan can make a difference. It makes vision care more affordable, and it encourages people to follow a routine of preventive care for their eyes.

An affordable option
Vision care is one of the least expensive health care benefits you can purchase. It is also one of the first optional benefits chosen by employees when it is offered.

Your Vision plan helps you commit to routine eye exams and preventive care that help detect small problems before they become serious and costly. Your Vision plan provides benefits for:

- Comprehensive vision examinations
- Lenses and frames or contact lenses

A name you can trust
CareFirst BlueCross BlueShield is one of the largest health insurers in Maryland. You will be pleased that you have chosen CareFirst BlueCross BlueShield to provide such an important and valuable benefit program.

Freedom of choice
You can choose any licensed vision care provider—in Maryland or out of state. You have complete freedom to choose your own ophthalmologists, optometrists, and opticians. You may choose to see your current provider, a provider convenient to work or home, or take the recommendations of others.

Need more information?
Please visit carefirst.com/aacps or call 800-628-8549.
Vision Program

Easy to use

Our Vision plan is as easy to use as it is effective. You simply show your CareFirst BlueCross BlueShield membership card to participating providers at the time of service. The participating provider will bill us and we pay them directly for their services. You don’t have any paperwork or claims to file.

If you choose a non-participating provider for your care, you must pay the provider. We will reimburse you up to the limits of your vision plan.

You can identify participating providers by the distinctive CareFirst BlueCross BlueShield Participating Provider plaque in their offices. If you don’t see the plaque, you can ask the provider if he or she participates with CareFirst BlueCross BlueShield before you receive care. You may also call the CareFirst BlueCross BlueShield office to find out if a provider participates.

What is not covered

- Sunglasses (lenses darker than tint 2), even if prescribed.
- Replacement, within the same benefit period, of lost or damaged frames or lenses (including contacts) for which benefits were provided.
- Exams or materials furnished after the member’s coverage is terminated (unless lenses and frames or contact lenses are ordered prior to the termination date and received within 30 days after the date of the order).
- Separate exam for contact lens fitting.

Summary of Benefits: Indemnity Vision

<table>
<thead>
<tr>
<th></th>
<th>Lenses CareFirst Reimburses</th>
<th>Frames CareFirst Reimburses</th>
<th>Total Allowance CareFirst Reimburses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$52.00</td>
<td>$45.00</td>
<td>$97.00</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$82.00</td>
<td>$45.00</td>
<td>$127.00</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$101.00</td>
<td>$45.00</td>
<td>$146.00</td>
</tr>
<tr>
<td>Cataract (Aphakic)</td>
<td>$181.00</td>
<td>$45.00</td>
<td>$226.00</td>
</tr>
<tr>
<td>Contact lenses (per pair)</td>
<td>Medically indicated*</td>
<td></td>
<td>$352.00</td>
</tr>
<tr>
<td></td>
<td>Cosmetic—Single vision lenses</td>
<td></td>
<td>$97.00</td>
</tr>
<tr>
<td>Benefit period for frames and lenses</td>
<td>Benefits for frames, lenses, or contact lenses are available once per calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye exam</td>
<td>We pay for eye exams once per calendar year. You are responsible for any difference between our payment and the provider’s charges.</td>
<td></td>
<td>100% of Allowed Benefit</td>
</tr>
</tbody>
</table>

*Following cataract surgery or when visual acuity is correctable to at least 20/70 in the better eye only by use of contact lenses.

Not all services are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Please note: This schedule is intended as a source of general information only. All benefits are subject to the provisions stipulated in the CareFirst BlueCross BlueShield Vision contract. CareFirst BlueCross BlueShield does not warrant the quality of vision services or materials.
BlueVision (Davis Vision)
A plan for healthy eyes, healthy lives

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

How the plan works

How do I find a provider?
To find a provider, go to carefirst.com/aacps and utilize the Find a Provider feature or call Davis Vision at 800-783-5602 for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?
Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

Can I get contacts and eyeglasses in the same benefit period?
With BlueVision, you receive one pair of eyeglasses or a supply of contact lenses per benefit period at a discounted price.¹

Mail order replacement contact lenses
DavisVisionContacts.com offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.

Need more information?
Please visit carefirst.com/aacps or call 800-783-5602.
## Summary of Benefits

**(12-month benefit period)**

<table>
<thead>
<tr>
<th>In-Network</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EYE EXAMINATIONS</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Routine Eye Examination with dilation (per benefit period)</td>
<td>$10</td>
</tr>
<tr>
<td><strong>FRAMES</strong>&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Priced up to $70 retail</td>
<td>$40</td>
</tr>
<tr>
<td>Priced above $70 retail</td>
<td>$40, plus 90% of the amount over $70</td>
</tr>
<tr>
<td><strong>SPECTACLE LENSES</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$35</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$55</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$65</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$110</td>
</tr>
<tr>
<td><strong>LENS OPTIONS</strong>&lt;sup&gt;3,4&lt;/sup&gt; <em>(add to spectacle lens prices above)</em></td>
<td></td>
</tr>
<tr>
<td>Standard Progressive Lenses</td>
<td>$75</td>
</tr>
<tr>
<td>Premium Progressive Lenses <em>(Varilux®</em>, etc.)</td>
<td>$125</td>
</tr>
<tr>
<td>Ultra Progressive Lenses (digital)</td>
<td>$140</td>
</tr>
<tr>
<td>Polarized Lenses</td>
<td>$75</td>
</tr>
<tr>
<td>High Index Lenses</td>
<td>$55</td>
</tr>
<tr>
<td>Glass Lenses</td>
<td>$18</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$30</td>
</tr>
<tr>
<td>Blended Invisible Bifocals</td>
<td>$20</td>
</tr>
<tr>
<td>Intermediate Vision Lenses</td>
<td>$30</td>
</tr>
<tr>
<td>Photochromic Lenses</td>
<td>$35</td>
</tr>
<tr>
<td>Scratch-Resistant Coating</td>
<td>$20</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45</td>
</tr>
<tr>
<td>Ultraviolet (UV) Coating</td>
<td>$15</td>
</tr>
<tr>
<td>Solid Tint</td>
<td>$10</td>
</tr>
<tr>
<td>Gradient Tint</td>
<td>$12</td>
</tr>
<tr>
<td>Plastic Photosensitive Lenses</td>
<td>$65</td>
</tr>
<tr>
<td><strong>CONTACT LENSES</strong>&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Contact Lens Evaluation and Fitting</td>
<td>85% of retail price</td>
</tr>
<tr>
<td>Conventional</td>
<td>80% of retail price</td>
</tr>
<tr>
<td>Disposable/Planned Replacement</td>
<td>90% of retail price</td>
</tr>
<tr>
<td>DavisVisionContacts.com Mail Order Contact Lens Replacement Online</td>
<td>Discounted prices</td>
</tr>
<tr>
<td><strong>LASER VISION CORRECTION</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Up to 25% off allowed amount or 5% off any advertised special&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

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<sup>1</sup> At certain retail locations, members receive comparable value through their everyday low price on examination, frame and contact lens purchase.

<sup>2</sup> CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

<sup>3</sup> Special lens designs, materials, powers and frames may require additional cost.

<sup>4</sup> Some providers have flat fees that are equivalent to these discounts.

## Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Glasses, sunglasses or contact lenses.
7. Vision Care services for cosmetic use.
8. Services obtained from Non-Contracting Providers.

For BlueChoice Opt-Out Plus members, Vision Care benefits are not available under the Out-of-Network Evidence of Coverage. Exclusions apply to the Routine Eye Examination portion of your vision coverage. Discounts on materials such as glasses and contacts may still apply.

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/aacps 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)
   - Order and refill prescriptions
   - View prescription drug claims

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

1 Only if offered by your plan.
My Account

3 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

4 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

5 My Health
- Access health and wellness discounts through Blue365
- Learn about your wellness program options

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

7 Tools
- Access the Treatment Cost Estimator to calculate costs for services and procedures
- Use the drug pricing tool to determine prescription costs

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

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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.
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 are in crisis, help is available 24/7 at 800-245-7013.

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/mentalhealth.
Health & Wellness

Putting the power of health in your hands

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.
Health & Wellness

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.

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.

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.

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.
Preventive Service Guidelines for Adults

To stay healthy, adults need preventive check-ups. These guidelines* describe recommended preventive services that most adults need. Depending on your personal health care needs or risk factors, your doctor may give you a different schedule. If you think you may be at risk for a particular condition, talk to your doctor.

To verify your benefits, check your benefits contract, your enrollment materials or log in to My Account at carefirst.com/myaccount.

Counseling and education
Depending on the patient's age, health care providers will discuss one or more of these topics or provide screenings during exams:
- Drug and alcohol use
- Tobacco use
- Harmful effects of smoking on children's health
- Physical activity and diet, including recommended changes
- Injury prevention
- Dental health
- Hepatitis A, B and C
- Sexual behavior
- Sexually transmitted diseases
- Use of alternative medicines and therapies
- Tuberculosis (TB)
- Domestic violence
- Aspirin therapy
- Sleep patterns
- Sun safety/skin cancer prevention

Screenings for men and women ages 21 & older
- **Medical history and physical exam:** At the advice of the doctor
- **Height:** At least once with follow-up as needed
- **Weight:** Screen all adults for obesity; body mass index (BMI) recommended at least every two years
- **Blood pressure:**
  - At least every 2 years if blood pressure is less than 120/80
  - Every year if systolic measure (top number) is 120–139 or diastolic measure (bottom number) is 80–90
- **Cholesterol:** Every 5 years for men and women ages 20 and older
- **Diabetes:** Every 3 years for patients with any of these risk factors:
  - Overweight (BMI greater than or equal to 25)
  - Family history of diabetes
  - High blood pressure
  - High cholesterol
  - High blood sugar
  - History of vascular disease
- **Inactivity**
- **African American, Latino, Native American, Asian American or Pacific Islander race/ethnicity**
- **COPD:** Spirometry for patients with dyspnea, chronic cough/sputum production and history of risk factors
- **Colorectal cancer:** Ages 45-75 with average risk. The decision to screen before or after this age range should be between you and your doctor. Discuss the possible benefits and harm of screening and treatment with your doctor. The options for colorectal cancer screening are:
  - Fecal immunochemical test annually
  - High-sensitivity, guaiac-based fecal occult blood test annually
  - Multitarget stool DNA test every 3 years
  - Colonoscopy every 10 years
  - Computed tomography colonography every 5 years
  - Flexible sigmoidoscopy every 5 years

* Guidelines are adapted from a variety of sources including: United States Preventive Services Task Force; American Diabetes Association; American Cancer Society, and National Comprehensive Cancer Network.
Preventive Service Guidelines for Adults

- **Depression**: Screen men and women every year
- **Hepatitis B**: For men and women at increased risk for infection
- **Hepatitis C**: At least once for those born between 1945 and 1965
- **Human immunodeficiency virus (HIV)**: For men and women at increased risk for HIV infection
- **Syphilis**: For men and women at increased risk for syphilis infection

**Screenings for women only**

- **Breast cancer**: Routine screening every 2 years for women aged 50 to 74 years. The decision to start screening before the age of 50 should be between you and your doctor. Discuss the possible benefits and harm of screening and treatment with your doctor.
- **Hereditary breast and ovarian cancer screening**: Women who carry the genes associated with increased risk (a strong family history of breast, ovarian, tubal or peritoneal cancer) should be referred for genetic counseling and evaluation for testing
- **Cervical cancer**:
  - Pap smear every 3 years for ages 21–29
  - For women ages 30 and older, Pap smear alone every 3 years OR a combination of Pap smear and HPV testing every 5 years
  - Screening is not recommended for women older than 65 who have had adequate prior screening
  - Screening is not suggested for women who have had a hysterectomy with removal of the cervix

**Screenings for men only**

- **Chlamydia**: For sexually active women ages 25 and younger who are not pregnant; the doctor may advise the test for women older than age 25
- **Cystic Fibrosis carrier screening**: For women of child-bearing age, preferably before conception
- **Osteoporosis**:
  - Begin at age 65 or older for women at average risk. Women at greater risk should be screened at an earlier age.
  - Counseling for women ages 21 and older to get enough calcium
- **Menopause counseling**: Women who are of menopausal age should be counseled about menopause, risks and benefits of estrogen replacement, treatment and lifestyle changes
- **Screening pelvic exam**: Is not recommended for women with no symptoms and who are not pregnant. The decision not to have this exam should be between you and your doctor. Discuss the benefits and harm with your doctor.

**Find more information about adult immunizations, visit carefirst.com/prevention and click on the Adults link under Shots.**

CareFirst Preventive Service Guidelines are for physician practice and patient care and do not define member benefits. These guidelines are general recommendations for members with no special risk factors. Variations are appropriate based on individual circumstances. Approved by CareFirst’s Quality Improvement Council—April 2018.
Preventive Service Guidelines for Children

To stay healthy, children need routine shots and preventive check-ups. These guidelines* describe recommended preventive services that most children need. Depending on your child’s personal health care needs or risk factors, your doctor may give you a different schedule. If you think your child may be at risk for a particular condition, talk to your doctor.

To verify your benefits, check your benefits contract, your enrollment materials or log in to My Account at carefirst.com/myaccount.

Counseling and screenings

Your health care provider should discuss these topics at every exam, depending on your child’s age:

- Injury prevention
- Diet and exercise
- Substance use
- Smoking
- Dental health: Check-ups twice a year, beginning at 12 months
- Sexual behavior
- Depression
- Domestic violence
- Use of alternative medicine and therapies
- Sun safety/skin cancer prevention
- Fluoride supplementation

Birth to 24 months

- Medical history and exam: At birth to 1 month and at 2, 4, 6, 9, 12, 15, 18 and 24 months
- Height, weight, hearing, vision, head measurement, body mass index (BMI) percentile, and assessment of growth, development and behavior: Each visit
- Congenital heart disease: After 24 hours of age before discharge from the hospital
- Congenital hypothyroidism: 2–4 days of age
- Tests required by state law: By 1 month
- Tuberculosis: Assess risk at 1, 6, 12 and 24 months. Testing should be performed on recognition of high risk factors
- Bilirubin screening: First newborn visit
- Lead poisoning: Assess risk at 6, 9, 12, 18 and 24 months. Perform blood test at 12 and 24 months in high prevalence areas
- Anemia: Assess risk at 4, 12, 15, 18 and 24 months. Perform blood test at 12 months
- Autism screening: At 18 month visit and 24 month visit
- Sexually transmitted disease: HIV test for infants born to mothers whose HIV status is unknown
- Sickle Cell Disease: Once between 9–12 months
- Nutrition counseling: From birth to 21 months, check the baby’s eating habits

Remember to use firm bedding and place healthy babies on their backs to sleep.

Find out when your child’s shots are due at: carefirst.com/prevention.
For more information about health and wellness, visit carefirst.com/livinghealthy.

* Guidelines are adapted from a variety of sources including: American Academy of Pediatrics; American Academy of Family Physicians; Centers for Disease Control and Prevention, and United States Preventive Services Task Force.
Preventive Service Guidelines for Children

**Ages 2 to 10**

- **Medical history and exam:** Ages 2, 2½, 3, 4, 5, 6, 7, 8, 9 and 10
- **Height, weight, hearing, vision, and assessment of growth, development and behavior:** Each visit; BMI percentile once a year, starting at age 2
- **Head measurement:** Until age 2
- **Blood pressure:** Each visit, beginning at age 3
- **Urinalysis:** Age 5
- **Cholesterol:** Test one time between 9–11 years
- **Rubella:** Vaccination history or blood test for girls of childbearing age, beginning at age 10
- **Tuberculosis:** Assess risk annually from 2–10 years. Testing should be performed on recognition of high-risk factors
- **Anemia:** Assess risk at 24 months, 30 months, 3 years and annually thereafter
- **Diabetes:** Testing every 3 years, beginning at age 10 or at onset of puberty, whichever comes first, if these conditions apply:
  - Overweight (body mass index > 85th percentile or weight > 120% of ideal for height)
  - Family history of type 2 diabetes
  - Native American, African American, Latino, Asian American or Pacific Islander race/ethnicity

**Ages 11 to 21**

- **Medical history and exam:** Once a year
- **Height, weight, hearing, vision, and assessment of growth, development and behavior:** Each well visit; BMI percentile once a year
- **Blood pressure:** Each visit
- **Cholesterol:** Test one time between 17–21 years
- **Rubella:** Vaccination history or blood test for females of childbearing age
- **Anemia:** Assess risk annually. Screen females once a year after periods begin
- **Urinalysis:** Beginning at age 11, screen annually if sexually active
- **Tuberculosis:** Assess risk annually from 11–21 years. Testing should be performed on recognition of high-risk factors
- **Depression:** Screen annually between 12–21 years of age
- **Sexually transmitted diseases:** Screen if sexually active or at high risk beginning at age 11
- **Screen for HIV once between 15–18 and test annually if at high risk
- **Pelvic exam:** Most women under age 21 should not be screened for cervical cancer regardless of sexual activity or other factors
- **Calcium counseling:** Beginning at age 11
- **Body Mass Index (BMI):** Screen at 24 months, 30 months, 3 years and annually thereafter

Depending on your child’s age and history, your doctor may screen for other high-risk conditions, including hepatitis A, B and C, chlamydia, gonorrhea and HIV.

CareFirst Preventive Service Guidelines are for physician practice and patient care and do not define member benefits. These guidelines are general recommendations for members with no special risk factors. Variations are appropriate based on individual circumstances. Approved by CareFirst’s Quality Improvement Council—April 2018.
Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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 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.

Advertisement

Notice of Nondiscrimination and Availability of Language Assistance Services

Foreign Language Assistance

Édè Yorùbá (Yoruba) Itétítéléko: Àkíyèí yìí ní iwiwú nipa iṣe ìdójútòfò rẹ̀. Ò le ní àwọn déetí pàtò o si le ní láá ti gbé ighẹ̀sè ni àwọn ojú gbédéke kan. O ni ětò láá gba iwiwú yìí àti ọrọ̀nlòwọ̀ ní èdè rẹ̀ lójújẹ́. Àwọn omo-egbè gbódó pe nóbمب fọ̀nná tó wà léyin káádì iđáními wọn. Àwọn miràn le pe 855-258-6518 kí o si dúró nípasè ẹjúrò tíí a ó fi sù fún ó láá tẹ̀ 0. Ñígbagí aṣọ́jú kan bá dánhun, sò èdè tí o fẹ́ a ó sí so ọ́ pò mó ọgbufó 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 về quyền lợi cần hành động trước một số thời hạn nhất định. Quyết định có quyền hạn 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 mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc gọi trước khi để ký quyền hạn phiên 0. Khi một thông báo đến với tôi, hãy nên rõ 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 настоящее сведения и сопутствующую помощь на удобном вам 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 вас свяжут с переводчиком.
Notice of Nondiscrimination and Availability of Language Assistance Services

Igbo (Igbo) Nwụbama: Okwa a nwere ozị gbasa mkpuchi nchekwa onwe gi. O nwere ike iwe ụbọchi ndị di mkpa, i nwere ike ime ihe tupu ụfọdụ ụbọchiị njebebe. I nwere ikike iwineta ozị na enyemaka a n’asụsụ gi na akwughị ugwọ ọ buła. Ndị otu kwesịrị i kpọ akara ekwenti di n’a zụ nke kaadị njirimara ha. Ndị ozo niile nwere ike i kpọ 855-258-6518 wee chere ụbọchi ahụ rvo mgbe amanyere ipi 0. Mgbe onye nnọchite anya zara, kwuo asụsụ i choro, a ga-ẹjiko 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 가버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사양 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge’: Díí bee ȋl hane’ígíí bií’ dahóló bee éédahózin béeso ách’ááh naanil nik’ist’t’íigíí bá. Bií’ dahólóó doo iiyiídii yoolkáálígií dóó t’áádoo le’e ádadoolyįįį’dóóγíí da yókeedgo t’áá dóo bee e’e’aaahí ájiijįįhí. Bee ná ahóótt’i’ dií bee ȋl hane’ dóó nik’áádoowol t’áá nínaaazáad bee t’áá jiik’é. Atah danilínígíí béésh bee hane’ée bee wótt’a’įgií nit’iízgo bee nee hódolzínígíí bikéédéé’ bikáá’á bich’i’ hodooonihj’h’. Aadóó náánála’ éí kójį’ dahóodoolnih 855-258-6518 dóó yíi diiłts’įį yált’iígíí t’áá nilééjį’ áádóó éí bikéédóó naasbąąs bií addiilčiił. Áká’ániidaalwó’įgií neidílt’áąga, saad bee yânilt’iígíí yíi diikil dóó ata’ halne’e lá nik’áádooolwol.