

CareFirst BlueCross BlueShield



Health Plan Guide 2025

Programs, resources and tools for our individual members

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Welcome

And thank you for choosing CareFirst BlueCross BlueShield (CareFirst).

We know health insurance is one of the most important decisions you make. To simplify the process, we've created this guide to help you better understand the programs, services and resources included with every CareFirst plan.

How to use the guide

To navigate to each section:

- click on the button in the Table of Contents (A), or
- when you're in the document, click on the "home" icon (B) to get back to the Table of Contents, then click on the section you'd like to go to.

To navigate back to the Table of Contents:

- click on the "home" icon at the bottom of each page (B).

To navigate to the next page:

- use the LEFT and RIGHT arrows at the bottom of the page (C).



Why choose CareFirst BlueCross BlueShield?

Unmatched access

With 91% of national providers¹ and 90% of local providers² within our Blues network, you have the **broadest access to care**.

Comprehensive care

Our comprehensive care approach ensures you have a consistent, whole health experience that helps you better manage your **physical, emotional, social and financial well-being**.

Local expertise

Our extensive and long-standing local relationships give you **unparalleled access to providers and community organizations**, resulting in enhanced care coordination and improved health outcomes.

Innovative member solutions

Beyond health coverage, you have access to our **comprehensive portfolio of best-in-class member solutions** to help you achieve your best health in all stages of life, health and conditions.



CareFirst is proud to be recognized as one of the World's Most Ethical Companies® for 12 consecutive years.



Largest not-for-profit insurer in the Mid-Atlantic



1 in 2 Americans is covered by Blue regionally, 1 in 3 nationally³



Over 90% of local providers and 100% of regional hospitals are in our network



1.7 million providers across the U.S. representing 96% of hospitals and 91% of physicians⁴

¹ CHP 2024 Network Access Compare Findings with additional data

² CareFirst Book of Business Data, August 2020

³ BCBSA Blue Facts, February 2022

⁴ BCBSA Blue Facts, December 2024

"World's Most Ethical Companies" and "Ethisphere" names and marks are registered trademarks of Ethisphere LLC.

Plan Comparisons





	BlueChoice HMO Plans	BluePreferred PPO Plans
Description	Your primary care provider (PCP) provides routine care and coordinates specialty care—no referrals are required.	You have the freedom to visit any provider you choose.
Regional vs. National Plan	Regional	National
Enrollment	Members must live or work within the CareFirst service area.	Members must live or work within the CareFirst service area.
Referrals	No referrals.	No referrals.
In-Network	In MD, DC & Northern VA: BlueChoice Regional Network.	In MD, DC & Northern VA: CareFirst PPO Network. Out-of-Area: BlueCard PPO Network.
Out-of-Network	Emergency or urgent care only.	In MD, DC & Northern VA and Out-of-Area: Non-participating providers (may be balance billed).
PCP Selection & Blue Rewards	PCP selection is required. For Blue Rewards: A PCP is required.	PCP selection is recommended but not required. For Blue Rewards: In MD, DC & Northern VA, a PCP is required. Out-of-Area: A BlueCard PPO PCP is required.

Metal Levels

To make comparing different plans easier, the Affordable Care Act (ACA) requires that every plan fit into one of four categories called metal levels.*

Bronze, Silver, Gold and Platinum plans all cover the same core benefits. However, each level differs in how much your plan will pay towards your care. Different plans have different monthly premiums and varying out-of-pocket costs, such as copayments, deductibles and coinsurance for covered services.

Understanding plan levels

	 Platinum	 Gold	 Silver	 Bronze
Monthly cost	\$\$\$\$	\$\$\$	\$\$	\$
Cost when you get care	\$	\$\$	\$\$\$	\$\$\$\$
Good option if you...	plan to use a lot of health care services	want to save on monthly premiums while keeping your out-of-pocket costs low	need to balance your monthly premium with your out-of-pocket costs	don't plan to need a lot of healthcare services

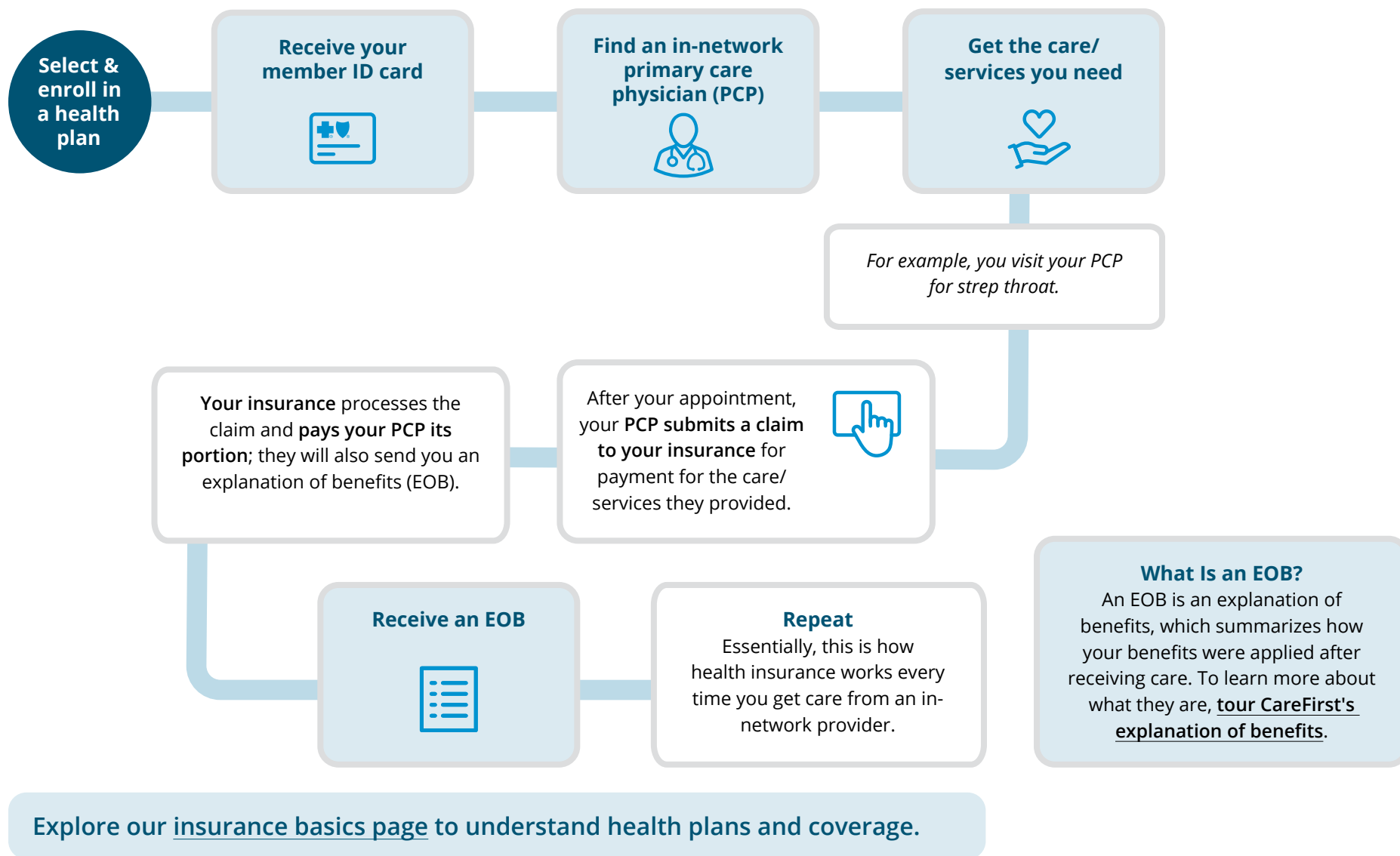


Have more questions about an individual or family plan? Visit our [Contact Us](#) page to find out how to connect with a CareFirst representative.

* Catastrophic plans, like CareFirst's BlueChoice Young Adult Plan, are not included in one of the four metal levels.

How Health Insurance Works

When deciding which health plan is right for you, knowing how health insurance works can help.



Helpful Guide to Key Terms

You can also explore our complete [health insurance glossary](#).

Allowed benefit (also called the CareFirst member cost): The maximum amount in-network providers can charge CareFirst members for a specific service.

Balance billing: Out-of-network providers can charge more for their services. If a patient sees an out-of-network provider, they may be responsible for paying the difference between the provider's price (actual charge) and the maximum amount the health plan will pay (allowed amount or allowed benefit).

Cost sharing: The portion of the healthcare costs your plan doesn't pay is your share. Generally, the more costs you're willing to pay, the lower your premiums. Cost sharing is different from your premium—it's made up of three things:

1. **Deductible:** Depending on your plan, you'll need to pay for some services on your own until you reach your deductible. Then your plan starts helping with the cost of your care.
2. **Coinsurance:** The percentage or dollar amount you pay when services are received. Depending on your plan, you may need to reach your deductible before paying the coinsurance amount.
3. **Copayment/Copay:** The dollar amount a patient pays when services are received. A visit to a primary care physician might require a copay of \$10, a visit to a specialist \$20 and a prescription \$20.

In-network: Doctors, hospitals, labs and other providers or facilities that participate in the health plan's provider network. Many plans encourage members to use participating in-network providers to reduce out-of-pocket expenses.

Out-of-network: Doctors, hospitals, labs and other providers or facilities that DO NOT participate in the health plan's provider network.

- HMO members are generally not covered for out-of-network services except in emergency situations.
- Members enrolled in Preferred Provider Organizations (PPO) and Point of Service (POS) plans can go out of network but may pay higher out-of-pocket costs.

Out-of-pocket maximum: The maximum dollar amount a member will pay out-of-pocket in coinsurance, copays and/or deductibles in a calendar year for covered services. Once the out-of-pocket maximum is met, the plan pays 100% of the allowed amount for covered services for the rest of the benefit period.

Premium: The amount a member pays each month for health insurance coverage. Premiums do not count toward deductibles or out-of-pocket maximums.

Primary Care Provider (PCP): A provider selected by the member, who is part of the plan network, provides routine care and coordinates other specialized care.

- The PCP should be selected from the network that corresponds to the plan in which you are a member.
- The physician you choose as your PCP may be a family or general practitioner, internist or pediatrician.
- If you prefer, you may also choose CloseKnit, our virtual-first primary care practice, as your PCP.

Service area: The geographic area in which a health plan delivers healthcare through a contracted network of participating (in-network) providers. CareFirst's service area covers Maryland, Washington D.C. and Northern Virginia.

Included With Every CareFirst Plan



Living your healthiest life

CareFirst WellBeingSM

CareFirst WellBeing is your personalized digital connection that offers motivating wellness resources accessible anytime—at no cost to you—including:

- **Challenges:** Stay motivated by joining a challenge to make achieving your health goals more entertaining.
- **Trackers:** Connect your wearable devices or enter your own data to monitor daily habits like sleep, steps, nutrition and more.
- **A personalized health timeline:** Receive content based on your health and well-being goals, along with your motivation and interests.
- **Meditation, relaxation and more:** Break free from stress with mindfulness tools, unwind at the end of the day or ease into a restful night with meditation, streaming music and videos.

You can also take advantage of our specialized programs for extra support:

- **Tobacco cessation:** Our 21-day program, Craving to Quit, teaches you to recognize and avoid tobacco cravings and habits. Providing the support you need to make quitting easier, from peer-to-peer support to daily mindfulness activities and online tools.
- **Financial well-being:** Whether you want to get out of debt or send a child to college, SmartDollar can help with engaging videos, expert tips and a step-by-step plan to help you reach your financial goals, you'll learn how to have better control over your money.

To get started or learn more, visit carefirst.com/wellbeing.

This well-being 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.

Blue Rewards

Earn incentives for taking steps to get and stay healthy. Both you and your spouse/domestic partner can each earn rewards for completing the following healthy activities. After you complete one or both of the activities, you'll receive your reward in the form of reimbursement of your copays, coinsurance or deductible expenses up to the amount earned. Your reward funds will be added to your Blue Rewards account where they will automatically be used to pay your eligible medical expenses through Autopay. You or your provider will be paid directly, with no effort on your part.



CVS MinuteClinic is an independent company that provides medical services to CareFirst members. CVS MinuteClinic does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the medical services it provides.



Earn \$50 Consent to receive wellness emails and take the RealAge® assessment

RealAge is a simple assessment that will help you determine the physical age of your body compared to your calendar age.

Must complete within 180 days of your effective date.



Earn \$100 Select a primary care provider (PCP) and complete a health screening

You can visit your PCP or a CVS MinuteClinic® to complete your screening.

Must complete within 180 days of your effective date.

Learn more about the activities

RealAge

RealAge identifies the habits impacting your body's age so you can make targeted changes to improve your well-being.

Choosing a PCP

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 by helping you stay on top of preventive care like annual exams, coordinating the care you receive from other providers, and getting to know you, your medical history, your habits and any concerns.

Health screening

Health screenings help you understand your current health status, so you can take steps to improve it.

Start earning your rewards. Download the CareFirst WellBeing app or visit carefirst.com/wellbeing to log in or register for your account.

Behavioral health and addiction support

As a CareFirst member, you have 24/7 access to a range of programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions, including:



Behavioral Health Digital Resource

Accessed through My Account (carefirst.com/myaccount), the Behavioral Health Digital Resource lets you chat with trained listeners, pursue personalized growth paths, and join a supportive community with moderated discussion boards and chat rooms. Registered users can complete behavioral health assessments, engage with CareFirst care managers and access other tools to help them in their daily lives.

This program is free to members; no clinical diagnosis or provider referral is required.



CloseKnit*

CloseKnit (closeknithealth.com), our leading virtual-care practice, offers an integrated experience between primary and behavioral health care. CloseKnit providers can assess behavioral health needs to help you connect with therapists and psychiatrists.



Provider network

CareFirst makes it easy to find and access services covered by individual medical plans. You can view real-time provider availability, see cost share up front and schedule appointments online (via headway.co) or use our [provider directory tool](#) for a broader search.



Care navigation

A Behavioral Health Care Manager gives you a chance to be heard and can help you find a path forward. This service is available to everyone; call the CareFirst Support Line at **800-245-7013** for assistance.

LGBTQ+ members can contact our dedicated gender services specialist at gender.services@carefirst.com for help navigating care and understanding benefits.



Substance use disorder support

CareFirst offers 24/7 clinical counseling and direct scheduling (within 48 hours) for adolescents and adults to improve access to substance use disorder treatment. Call the CareFirst Support Line at **800-245-7013** for assistance.



Get support today: If you or someone you know is in crisis, call or text 988 or contact the CareFirst Support Line at 800-245-7013.

Individual benefits vary. Members should log in to their carefirst.com account to see which programs are available through their health plan.

* CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing in-person and telehealth services to CareFirst members. Atlas Health, LLC is a corporate affiliate within the CareFirst, Inc. corporate umbrella of companies.

Diabetes Virtual Care Program

For members who need help stabilizing their type 2 diabetes, our national Diabetes Virtual Care Program, offered by Onduo,¹ provides personalized support, easy-to-use tools and access to certified diabetes educators—all at no cost—through a convenient mobile app.

Eligible members will be contacted about joining the program.

After you're registered, you'll be paired with a care lead and mailed a welcome kit with a connected blood glucose meter and test strips. Supply refills are available at no additional cost. The program provides you with the additional care and support you may need in between your doctor visits.

Learn more about the [diabetes support](#) CareFirst offers.



CareFirst members enrolled in the program who had an A1C of 8% or greater, showed an overall average A1C decrease of 1.2%²

Getting care

Find a provider

CareFirst has one of the world's largest networks of participating providers—over one million. Whether you're looking for a primary care physician, a specialist or a care facility, we can help you find one that's right for you. With our provider directory, you can also search by name, location, specialty and other options. You can find participating doctors and facilities outside of the U.S. as well.

Try it for yourself at carefirst.com/doctor.

¹ This program is offered through Onduo by Verily. Onduo offers certain care management and coordinated clinical care programs for eligible individuals, as further described in these materials and at onduo.com. Onduo LLC and a network of affiliated professional entities (collectively, "Onduo") collaborate to offer the services. Onduo services are meant to be used in conjunction with regular in-person clinical services and not intended to replace routine primary care. Onduo is an independent company and does not provide Blue Cross and Blue Shield products or services.

24-Hour Nurse Advice Line

Experienced registered nurses are available 24 hours a day, 7 days a week, 365 days a year. The nurse will ask a few questions and give you information to help you:

- Decide when to visit your doctor or go to a convenience clinic, urgent care center or the emergency room
- Understand your medications
- Find network doctors and prepare for an appointment
- Learn about preventive care



Call 800-535-9700 anytime, day or night. The Nurse Advice Line provides support and guidance for any non-emergency situation. The service is personal, confidential and available at no cost.

CloseKnit Virtual Care

CloseKnit is a virtual-first practice offering 24/7 primary care, urgent care or mental health services through your computer or CloseKnit's convenient mobile app. CloseKnit also provides psychiatry, lactation and nutrition services.

As a CloseKnit primary care patient, you'll get a dedicated Care Team to help you manage your health, navigate billing and benefits, and coordinate in-person and specialty care. Chats with your Care Team are free—and so is joining.

Please note: You do not need to be a CloseKnit primary care patient to access urgent care and mental health services.

Visit closeknithealth.com to learn more.



Looking for \$0 virtual care? Look for our CareFirst Virtual Connect Plans.

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Options for care

Establishing a relationship with a primary care provider (PCP) is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. **If you have a life-threatening injury, illness or emergency, call 911 or go directly to the nearest emergency room.** Below is a chart with other choices for care, including some options that are available anytime, day or night.

Your Care Options	Cost	Needs or Symptoms such as	24/7	Rx	Virtual Care	In-Person Care
CloseKnit virtual care 24/7/365 virtual-first primary care, urgent care, mental health and other specialty services <i>In-person care available when applicable.</i>	\$	<ul style="list-style-type: none"> ■ Preventive visits (ages 18+) ■ Urgent care (ages 2+) ■ Mental health therapy (ages 2+) ■ Psychiatry (ages 2+) ■ Lactation consultation ■ Nutrition and diet support ■ Billing and benefits support 	✓	✓	✓	✓
24-Hour Nurse Advice Line Call 800-535-9700 for general questions about health issues or where to go for care	\$0	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Rashes ■ Medication questions 	✓	✗	✓	✗
PCP visit Discuss diagnosis, treatment of illness, chronic conditions, routine check-ups	\$	<ul style="list-style-type: none"> ■ Routine physical ■ Diabetic care ■ Cough, cold, flu, allergies ■ Bronchitis 	✗	✓	Verify availability with your provider	✓
Convenience care (e.g., retail clinics such as CVS MinuteClinic) Health screenings, vaccinations, minor illness or injury	\$\$	<ul style="list-style-type: none"> ■ Cough and cold ■ Pink eye ■ Ear pain ■ Flu shot 	✗	✓	✗	✓
Urgent care (e.g., ExpressCare or Patient First) Non-life-threatening illness or injury requiring immediate care	\$\$\$	<ul style="list-style-type: none"> ■ Sprains ■ Cut requiring stitches ■ Minor burns ■ Sore throat 	✗	✓	✗	✓
Emergency room Life-threatening illness or injury	\$\$\$\$	<ul style="list-style-type: none"> ■ Chest pain ■ Difficulty breathing ■ Uncontrolled bleeding ■ Major burns 	✓	✓	✗	✓

Members can access unlimited \$0 virtual care for PCP and mental health video visits through CloseKnit when enrolled in a Virtual Connect plan.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when 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.

Care management program

Sometimes, we all need a little extra support with our health.

If you're facing health challenges, including cancer, heart failure, diabetes, at-risk pregnancy or a behavioral health condition—our care management team can help reduce the frustration of complex care and get you back to your optimal health.

Care Management is a benefit included in your CareFirst plan. When you agree to participate, a care manager will:

- Call you for an initial review of your medical history to identify the factors that may affect your health.
- Review your progress and answer any of your questions.
- Provide support during your time of need.
- Provide you with information and self-care tips related to your condition.
- Assist with identifying community resources and support groups available to you.
- Work closely with your healthcare team to coordinate the services you need. Your care manager is a key source of support. They work closely with you to understand your goals and design a plan to take control of your health.

To learn more, visit carefirst.com/1on1support or call 888-264-8648, **option 4**. When you call, you will be asked to provide your name, address, phone number and the member ID listed on your insurance card.



Traveling outside the service area or the U.S.?

BlueCard

If you choose a PPO CareFirst plan, you are automatically enrolled in the BlueCard program. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home.

More than 91% of all doctors, specialists and hospitals throughout the United States contract with Blue Cross Blue Shield Association plans. With your CareFirst member ID card, you can access providers and hospitals almost anywhere.

Within the United States

1. Always carry your current member ID card for easy reference and access to services.
2. To find names and addresses of nearby providers and hospitals, visit [carefirst.com/doctor](https://www.carefirst.com/doctor) or call BlueCard Access at **800-810-BLUE (2583)**.
3. Call Member Services for precertification or prior authorization, if necessary. Refer to the phone number on your member ID card because it's different from the BlueCard Access number listed in Step 2.
4. Present your member ID card at the participating provider's office.
5. You should not have to complete any claim forms or pay upfront for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete Explanation of Benefits (EOB).

Blue Cross Blue Shield Global® Core

Just like your passport, you should always carry your CareFirst member ID card when traveling outside the United States. Our Global Core program—**included in every CareFirst plan**—ensures you can get medical assistance services and access to providers, hospitals and other healthcare professionals in nearly 200 countries.

The process is the same as if you were in the United States, with the following exceptions:

- In most cases, you shouldn't have to pay upfront for inpatient care at Global Core hospitals; the hospital should submit your claim. You are responsible for the usual out-of-pocket expenses.
- At non-Global Core hospitals, you pay the provider or hospital for inpatient care, outpatient hospital care and other medical services. To be reimbursed, you'll need to complete an international claim form and send it to the Global Core Service Center. The claim form is available online at [bcbsglobalcore.com](https://www.bcbsglobalcore.com).
- To find a BlueCard provider outside the United States, visit [bcbs.com](https://www.bcbs.com), select *Find a Doctor*.

Medical assistance when outside the United States

Call **800-810-BLUE (2583)** for information on doctors, hospitals and other healthcare professionals or to receive medical assistance services. A medical assistance vendor, in conjunction with a medical professional, will make an appointment with a provider or arrange hospitalization if necessary.

Blue Cross Blue Shield Global Core mobile app

With the Global Core mobile app, you have help in the palm of your hand and convenient access to doctors, hospitals and resources worldwide. At a glance, you can find doctors, translate medical terms and access local emergency information. For more, visit [bcbsglobalcore.com/Home/MobileApp](https://www.bcbsglobalcore.com/Home/MobileApp).

Saving money

Treatment Cost Estimator

Our Treatment Cost Estimator shows you what you'll pay for procedures, doctor's office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises.

To get an estimate, visit carefirst.com/myaccount.



Receive personalized estimates based on your plan.
Compare costs from different doctors and facilities.

Blue365 wellness discount program

As a CareFirst member, you can get premier health and wellness deals from leading national and local retailers. Better yet, Blue365 is free to join.

Discount categories include:

- Fitness, including gym memberships
- Nutrition
- Apparel and footwear
- Hearing and vision
- Home and family
- Personal care
- Travel

Explore all the discounts Blue365 offers at carefirst.com/wellnessdiscounts.



Using and Managing Your Plan

Get the most from your plan with these no-cost member tools and resources.

My Account & mobile access

Your member portal, **My Account**, is personalized to you and your CareFirst benefits. Stay on top of your health with easy access to everything you need to understand your coverage, find care at the best price, and track your claims and deductibles at your fingertips.

Your plan information

- Check the status of claims, remaining deductibles and out-of-pocket totals
- Review your Explanation of Benefits (EOBs)
- View copays and identify other expenses for which you may be responsible
- View, order or print your member ID card
- Confirm if a referral or preauthorization is required for a specific service*

Note: Individuals who have purchased a plan directly through CareFirst or an Exchange have an auto bill pay section making it easier to manage/pay premium payments.

Beyond coverage—support for a healthier you

- Access CloseKnit, CareFirst's Behavioral Health Digital Resource and CareFirst WellBeing directly from your member portal



To get started, download the CareFirst Mobile app from your favorite app store.

* If applicable to your plan.

Member ID card

Your member ID card identifies you as a CareFirst member. It shows important information about you and your covered benefits. You should always present your ID card when receiving services so CareFirst can process your claim to help pay for the cost of care.

CareFirst BlueChoice

Member Name
JANE DOE

Member ID
XXX123 45 6789

Group **99K1**

RxBin 004336 RxPCN ADV
Rx GRP RX7546

BC/BS Plan **080/580**

Rx Deductible
Rx Out-of-Pocket

INTEGRATED WITH MEDICAL
INTEGRATED WITH MEDICAL

OPEN ACCESS
BlueChoice HMO Young Adult

PCP Name
JOHN SMITH, MD

PS\$0 SS\$0 CC\$0 UC\$0 ER\$0

RX AV

Medical	In-Network	Out-of-Network
IND Deductible	\$3450	N/A
IND Out-of-Pocket	\$3450	N/A

www.carefirst.com
Member Service: 855-444-3122
Provider Claims and Benefits: 800-842-5975

Hospital Present: 866-773-2884
Mental Health/Substance Abuse: 800-245-7013
24hr FirstHelp: 800-535-9700

To locate Participating Providers outside the CareFirst BlueCross BlueShield service area, call 800-610-2583.

DH or DS – 888-833-8464 or 410-847-9060

Pharmacy Services
Providers: 888-850-4999
Members: 800-241-3371

Davis Vision*: 800-783-5602
*Vision Benefits Administrator

MIA-Maryland Insurance Administration

CareFirst BlueChoice, Inc. is an independent licensee 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.

IDC0176-1S (10/13)

Pharmacy benefits provided through CVS Caremark

Providers must submit all Medical Claims to the local Blue Cross and Blue Shield Plan.

Local CareFirst Medical & All Dental providers mail to:
Mail Administrator
PO Box 14116 (for Medical claims)
PO Box 14115 (for Dental claims)
PO Box 14114 (for correspondence)
Lexington KY 40512-4114

MIA-Maryland Insurance Administration

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IDC0176-1S (10/13)

1. **Member ID** (also called a subscriber number or patient ID)—the number providers need to verify coverage.
2. **Plan identifier & PCP name**—your plan and primary care provider’s name; depending on your health plan, you may also see “No PCP Required.”
3. **Benefit copay information**—your copay is a fixed dollar amount you pay when you visit your doctor, specialist or another provider for service.
4. **Deductible and out-of-pocket max**—both in-network and out-of-network maximums your plan requires.
5. **Contact information**—important phone numbers and addresses.

Abbreviations and other terms

- C—Clinic
- CC—Convenience Care
- D—Dental
 - DP—Dental Preferred
 - DT—Dental Traditional
 - DE—Dental EPR, PPT
- ER—Emergency Room
- FAM—Family or Parent & Child
- IND—Individual
- Open Access—No referrals are needed
- P—Primary Care
- PD—Pediatric Dental
- PV—Pediatric Vision
- P&C—Parent & Child
- RX—Pharmacy
- RxBIN, RxPCN, RxGrp—Codes pharmacies use to route claims for payment
- S or SPEC—Specialist
- S&S—Subscriber & Spouse
- UR—Urgent Care
- V or VC—Vision
 - AV—Adult Vision
 - VU—BlueVision Plus

Lost your CareFirst member ID card? You can always view or print it via [My Account](#).

Core healthcare services

Depending on your CareFirst plan, the healthcare services listed below are available at low or no cost. Please check your benefits summary or enrollment materials for specific plan information.



Hospital stays (with prior authorization): Your CareFirst medical plan will cover inpatient stays in a hospital. Make sure you get prior authorization from your provider.



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



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



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



Prescriptions: Many health issues are managed through medication, so CareFirst provides a safe, convenient, cost-effective prescription drug plan.



Preventive screenings: Your plan includes coverage for screenings like adult physicals, blood pressure and cholesterol screenings, OB/GYN visits, mammograms and prostate and colorectal screenings.



Sick visits: Coverage for in-person or virtual visits with your PCP. Also included are visits to Convenience Care facilities.



Specialist services: Specialist providers are included in your plan. The BlueChoice HMO Referral plan is the only medical plan where you will need a referral from your PCP before you visit a specialist. Specialists are doctors or nurses highly trained to treat certain conditions, such as cardiologists or dermatologists.



Well-child visits: All well-child visits and immunizations (vaccines) are covered.



Prescription Drug Coverage

Taking medications as prescribed by your doctor is essential to staying or getting healthy.

Included with your CareFirst medical plan are prescription drug benefits that include:

- Access to thousands of covered prescriptions drugs
- Mail Order Pharmacy, a convenient and fast option to refill your prescriptions through home delivery
- Integrated medical and pharmacy programs to help improve your overall health and reduce costs

Online tools and resources

To get the most from your prescription drug plan, it's important to stay informed. Our easy-to-use, interactive tools and resources are available 24/7.

To see if a drug is covered, find a pharmacy and get more information about medications, visit [carefirst.com/rx](https://www.carefirst.com/rx) then click *Drug Tools* on the left navigation.

You can access even more tools and resources through My Account at [carefirst.com/myaccount](https://www.carefirst.com/myaccount).

- **Via a browser or the app**—log in to My Account and click *Drug and Pharmacy Resources* from the quick links.



Understanding your formulary

A formulary (or drug list) is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other healthcare professionals who ensure the drugs on the formulary are safe and clinically effective.

The prescription drugs found on the **CareFirst formulary** are divided into tiers. These tiers include zero-dollar cost share, generics, preferred brand, non-preferred brand, preferred specialty, and non-preferred specialty drugs. Your cost share is determined by the tier the drug falls into.

	Drug Tiers
Tier 0: \$0 Drugs	<ul style="list-style-type: none"> Preventive drugs (e.g., statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. Oral chemotherapy drugs and diabetic supplies (e.g., insulin syringes, pen needles, lancets, test strips and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none"> Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs \$\$	<ul style="list-style-type: none"> Preferred brand drugs are brand-name drugs that may not be available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-Preferred Brand Drugs \$\$\$	<ul style="list-style-type: none"> Non-preferred brand drugs often have a generic or preferred brand drug option where your cost share will be lower.
Tier 4: Preferred Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> Preferred specialty drugs may be used to treat complex and/or rare health conditions. These drugs may have a lower cost share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs \$\$\$\$\$	<ul style="list-style-type: none"> Non-preferred specialty drugs often have a preferred or generic specialty drug option where your cost share will be lower.

Please note: If the cost of your drug is less than your copay or coinsurance, you only pay the cost of the drug. Once you meet your deductible (if applicable to your plan), you may pay a different copay or coinsurance for drugs depending on the drug tier. Some drugs may not be covered based on your plan. There is an exception process if you need an excluded drug to be covered for medical necessity reasons. Check your benefits summary or enrollment materials for specific plan information. You can also view specific cost-share information in **My Account**.

Preferred Drug List

CareFirst's Preferred Drug List includes generic and preferred brand drugs selected for their quality, effectiveness and safety by our pharmacy benefit manager's national Pharmacy and Therapeutics (P&T) committee. By using the Preferred Drug List, you can work with your doctor or pharmacist to make safe and cost-effective decisions to better manage your healthcare

and out-of-pocket costs. Non-preferred drugs aren't included on the Preferred Drug List; they are still covered but at the highest cost share. Also, some drugs on the Preferred Drug List may not be covered based on your plan. To see your formulary and Preferred Drug List, go to [carefirst.com/rx](https://www.carefirst.com/rx).

Two ways to fill

Retail pharmacies

With access to 66,000 pharmacies across the country, you can use our [Find a Pharmacy](#) tool to locate a convenient participating pharmacy. Be sure to take your prescription and member ID card when filling prescriptions.

Mail order pharmacy

Mail order is a convenient way to fill your prescriptions, especially for refilling drugs taken frequently. You can register online through [My Account](#). Once you register, you'll be able to:

- Fill prescriptions online, by phone or by mail
- Select delivery location
- Consult a pharmacist by phone 24/7
- Schedule automatic refills
- Receive email notification of order status



Ways to save

Here are some ways to help you save on your prescription drug costs.

- **Use generic drugs**—generic drugs can cost up to 80% less than their brand-name counterparts. Made with the same active ingredients as their brand-name counterparts, generics are also equivalent in dosage, safety, strength, quality, performance and intended use.
- **Use drugs on the Preferred Drug List**—the Preferred Drug List identifies generic and preferred brand drugs that may save you money.
- **Use the Drug Pricing Tool**—this tool allows you to compare the cost of a drug purchased at a pharmacy versus purchasing the same drug through mail order, as well as view generic drugs available at a lower cost.
- **Use mail order**—using our Mail Order Pharmacy gives you the added convenience of having your prescriptions delivered right to your home. Plus, if you pay a coinsurance for your maintenance drugs, the overall cost of the drug may be less expensive through mail order, reducing your out-of-pocket costs.



Questions about your prescription benefits? Contact CareFirst Pharmacy Services at 800-241-3371.

Pediatric Dental and Vision

Coverage for your children under the age of 19 at no extra charge.

Pediatric dental

The health of your child’s teeth also has a major impact on digestion, growth rate and many other aspects of overall health. That’s why all CareFirst medical plans provide kids under age 19 with dental benefits at no extra charge. Choose from more than 4,500 dental providers in Maryland, Washington, D.C. and Northern VA and 135,000 dentists nationally.



Visit carefirst.com/doctor and select the Preferred Dental (PPO & Pediatrics) network to access our provider directory.

	In-Network	Out-of-Network
	MEMBER PAYS	
Individual Cost Per Pay	Included in your medical plan premium—no additional monthly charge	
Deductible	\$25 Individual per calendar year (Applies to Classes II, III & IV)	\$50 Individual per calendar year (Applies to Classes II, III & IV)
Network	Over 4,500 providers in DC, MD and Northern VA. 135,000 dentists nationally.	
Preventive & Diagnostic Services (Class I) <i>Oral exams, X-rays, fluoride treatments, sealants, palliative treatment</i>	No charge	20% of allowed benefit* (no deductible)
Basic Services (Class II) <i>Fillings, simple extractions, non-surgical periodontics</i>	20% of allowed benefit* after deductible	40% of allowed benefit* after deductible
Major Services—Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i>		
Major Services—Restorative (Class IV) <i>Inlays, onlays, dentures, crowns</i>	50% of allowed benefit* after deductible	65% of allowed benefit* after deductible
Orthodontic Services (Class V) <i>When medically necessary</i>	50% of allowed benefit* (no deductible)	65% of allowed benefit* (no deductible)

Not all services and procedures 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.

* CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) payments are based upon the CareFirst allowed benefit. Participating dentists accept 100% of the CareFirst allowed benefits as payment in full for covered services. Non-participating dentists may bill the member for any amount over the allowed benefit. Providers are not required to accept CareFirst’s allowed benefits on non-covered services. This means you may have to pay your dentist’s entire billed amount for these non-covered services. At your dentist’s discretion, they may choose to accept the CareFirst allowed benefit, but are not required to do so. Please talk with your dentist about your cost for any dental services.

Pediatric vision

These important vision benefits are offered to your family members up to age 19 through our network administrator—Davis Vision*—at no extra charge.

For family members up to age 19, our pediatric vision benefits include:**

- One no-charge in-network eye exam per calendar year, or
 - Up to \$40 reimbursement for an out-of-network exam per calendar year
- No copay for Davis Vision collection (in network):
 - Frames and basic spectacle lenses or contact lenses
- Reimbursement for single vision lenses, up to \$40, and frames, up to \$70, from an out-of-network provider

For a routine eye exam, just call and make an appointment with one of the many Davis Vision providers. Remember, the pediatric vision benefits listed above are available to your family members up to age 19 for no additional charge to your monthly premium.

To locate a vision care provider, contact Davis Vision at 800-783-5602.

Or visit [carefirst.com/doctor](https://www.carefirst.com/doctor) and select *BlueVision*, *BlueVision Plus*, *Pediatric Vision* (Davis Vision) network to access our provider directory.



Ways to save on pediatric dental and vision

By staying in-network, you can save on pediatric dental and vision. Use the Preferred Dental Network and the Davis Vision Network when seeking care for your dependents under age 19.

* CareFirst partners with Davis Vision to offer an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) members. Davis Vision is solely responsible for the services it provides.

** Please note: In accordance with the provisions of the Affordable Care Act (ACA), every CareFirst plan includes basic dental coverage and vision benefits for children up to age 19.

Online Member Resources

Go paperless and access additional information.

Be the first to know about important news and updates from CareFirst

Choose convenient electronic delivery of alerts, reminders, explanation of benefits (EOBs) and other communications by giving us your e-consent.

1. Log in to carefirst.com/myaccount
2. Click on your name at the top, then select *Communications Preferences*
3. Click on *Edit* next to *Electronic Communications*
4. Check the boxes for the information you want and hit *Save*

Follow us

Facebook: carefirst.com/facebook

Instagram: carefirst.com/Instagram

X: carefirst.com/x

YouTube: carefirst.com/youtube

LinkedIn: carefirst.com/linkedin

Important websites

Need care?

- CloseKnit (virtual care): closeknithealth.com
- Find a Doctor Tool: carefirst.com/doctor
- 24-Hour Nurse Advice Line: 800-535-9700

Understanding and managing your plan

- My Account (member portal): carefirst.com/myaccount
- CareFirst Mobile app (My Account): carefirst.com/mobileaccess
- Prescriptions: carefirst.com/rx
- Vitality Member Resource Guide: carefirst.com/vitality
- Explanation of Benefits (EOB): carefirst.com/eob

Health, wellness and member discounts

- CareFirst WellBeing: carefirst.com/wellbeing
- Behavioral Health Digital Resource: carefirst.com/bhdr
- Additional mental health services: carefirst.com/mentalhealth
- If you or someone you know is in crisis, dial 988 or contact the CareFirst Support Line at 800-245-7013
- Health information, tips and tools: carefirst.com/livinghealthy
- Blue365 Wellness Discount Program: carefirst.com/wellnessdiscounts

Traveling outside the U.S.?

- Global Core mobile app: bcbsglobalcore.com/Home/MobileApp
- Call 800-810-BLUE (2583) for information on doctors, hospitals, and other healthcare professionals or to receive medical assistance services

Rights and Responsibilities

Notice of privacy practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain a copy of our Notice of Privacy Practices, go to [carefirst.com](https://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:

1. 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.

2. If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can send an email to: quality.care.complaints@carefirst.com
3. Fax a written complaint to: **301-470-5866**
4. 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.

For assistance in resolving a Billing or Payment Dispute with the Health Plan or a Healthcare Provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at **877-261-8807**.

Hearing impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: **800-735-2258** National Capital Area TTY: **202-479-3546**. Please have your Member Services number ready.

Language assistance

Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

Please note: CareFirst appreciates the opportunity to improve the level of quality of care and services available for you. As a member, you will not be subject to disenrollment or otherwise penalized as a result of filing a complaint or appeal.

Confidentiality of subscriber/member information

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your healthcare, 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 healthcare 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 policyholders upon enrollment.

Your rights

You have the following rights regarding your own Protected Health Information. You have the right to:

1. Request that we restrict the PHI we use or disclose about you for payment or healthcare operations.
2. 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.
3. Inspect and copy your PHI that is contained in a designated record set including your medical record.
4. Request that we amend your information if you believe that your PHI is incorrect or incomplete.
5. An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or healthcare operations.
6. 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:

1. Be treated with respect and recognition of their dignity and right to privacy.
2. Receive information about the health plan, its services, its practitioners and providers, and members' rights and responsibilities.
3. Participate with practitioners in decision-making regarding their healthcare.
4. Participate in a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
5. Make recommendations regarding the organization's members' rights and responsibilities.
6. Voice complaints or appeals about the health plan or the care provided.

Members have a responsibility to:

1. Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
2. Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
3. Follow the plans and instructions for care that they have agreed on with their practitioners.
4. Pay copayments or coinsurance at the time of service.
5. 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:

1. 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.
2. Decline participation or disenroll from wellness and health promotion services offered by the organization.
3. Be treated courteously and respectfully by the organization's staff.
4. 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: 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:

1. All stages of reconstruction of the breast that underwent the mastectomy.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance.
3. 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:

1. 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery.
2. 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:

1. A home visit if prescribed by the attending physician.
2. 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.

Defending Access to Women’s Healthcare Services Revision Act of 2018

For our Washington, D.C. members

The services set forth below mirror preventive services under the Patient Protection and Affordable Care Act. These preventive services and contraceptive services are covered when clinically appropriate, under recommendations of the United States Preventive Services Task Force and supporting evidence. Services apply to D.C. plans that have elected or are required to provide these preventive services. Limitations may apply with respect to the availability, setting, frequency, or method of a service or treatment.

These preventive services are offered at no cost to you. This means you don’t have to pay a copay or coinsurance, even if you haven’t met your deductible. Subscribers are still responsible for their portion of the premiums

Children

Well-child visits (to age 21) to include:

- Alcohol and drug assessments for older children
- Autism screening
- Cardiac arrest risk assessment
- Certain diagnostic screenings for newborns
- Cervical dysplasia for sexually active females
- Counseling for certain sexually transmitted diseases for those at increased risk
- Depression screening
- Developmental screenings—under age 3
- Fluoride varnish
- Health, diet and weight counseling

- Hearing screening for newborns
- Hematocrit or hemoglobin screening
- Hepatitis B infection assessment
- HIV screening
- Lead testing
- Obesity screening
- Suicide risk assessment
- Tobacco use screening and cessation counseling
- Vision screening

Immunizations for children include:

- COVID-19
- Diphtheria, Tetanus, Pertussis
- Hepatitis A and Hepatitis B
- Human Papillomavirus (HPV)
- Inactivated Polio
- Influenza
- Influenza B
- Measles, mumps and rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

Adults

Preventive-care visits include:

- Abdominal aortic aneurysm (one-time) screening
- Alcohol misuse screening
- Anemia screening
- Breast cancer (mammogram)
- BRCA testing for breast/ovarian cancer risk and genetic counseling
- Breastfeeding support, supplies and counseling
- Cervical cancer screening
- Cholesterol screening
- Colon cancer screening
- Contraceptive care and counseling including alternative methods
- Depression screening
- Fall Prevention Physical Therapy and Vitamin D (OTC*) supplementation to prevent falls in community-dwelling adults (those who are not in assisted living facilities or nursing homes), age 65 years or older who are at increased risk for falls
- FDA-approved contraceptives and counseling
- Generic Truvada (emtricitabine/tenofovir disoproxil fumarate) (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's healthcare provider) including medication monitoring, preventive counseling or office visits, which may include the following services:
 - Adherence counseling
 - Creatinine testing
 - HIV, Hepatitis B and Hepatitis C screenings
 - Pregnancy testing
 - STI screening & counseling
- Gestational diabetes screening
- Health, diet and weight counseling for qualifying adults
- Hepatitis B and Hepatitis C screening
- High blood pressure screening
- HIV screening
- HPV DNA testing
- Intimate partner, interpersonal and domestic violence screening and counseling
- Lung cancer screening
- Obesity screening
- Osteoporosis screening
- Rh incompatibility and urinary tract infection screenings for pregnant women
- Sexually transmitted diseases
- Tuberculosis screening
- Type 2 diabetes screening
- Tobacco use screening and cessation counseling

FDA-approved contraceptives:

- Cervical cap (P) with spermicide (OTC*)
- Contraceptive implant system (inserted by doctor)
- Contraceptive patch (P)
- Contraceptive ring (P)
- Diaphragm (P) with spermicide (OTC*)
- Female condom (OTC*)
- Fertility Mobile Apps**
- IUD (inserted by doctor)
- Morning after pill (generic only) (OTC*)
- Oral contraceptive (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's healthcare provider). Preauthorization and medical review of brand name oral contraceptives is required.
- Oral contraceptive (generics) (P)
- Shot/injection¹ (generic only) (P)

- Spermicide (OTC*)
- Sponge (OTC*) with spermicide (OTC*)
- Sterilization implant
- Sterilization surgery

Immunizations for adults:

- COVID-19
- Hepatitis A and B
- Herpes Zoster
- HPV

Information on preventive services are available at healthcare.gov/coverage/preventive-care-benefits. To verify your benefits, check your benefits contract, your enrollment materials or log in to My Account at carefirst.com/myaccount.

* Requires a prescription from a physician, or a D.C., Board certified, network pharmacists for contraceptives. Prescriptions must be filled at a network pharmacy to obtain the zero-cost share. You may be able to receive up to a 12-month supply of contraceptives at one time. Ask your physician or pharmacist if you have any questions regarding dispensing amount.

** Cannot submit to both HSA and FSA for reimbursement

¹ Includes brand name Depo-SubQ Provera 104 (injection)

(P) Prescription Required; (OTC) Over the Counter

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 (collectively, 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)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

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.

አማርኛ (Amharic) ግብረሰብ፡ ይህ ግብረሰብ ስለ መድን ሽፋን ማረጃ ይዟል። ከተወሰኑ ቀን-ባለቤቶች በፊት ሊፈጸሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የሚገኘት እና ያለምንም ከፍተኛ በቋንቋዎ አገዛ የሚገኘት መብት አለዎት። አባል ከሆኑ ከመታወቅ ያርፎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ይወላው 0ን እንዲጫኑ እስኪገርግ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Iṣẹ́lẹ́kọ: Àkìyèsì yíí ní iwífún nípa iṣẹ́ adójútòfò re. Ó le ní àwọn déèti pátò o si le ní láti gbé igbésẹ́ ní àwọn ojò gbédèké kan. O ni ètò láti gba iwífún yíí àti iranlówò ní èdè rẹ́ lófíḗ. Àwọn omọ-egbẹ́ gbòdò fẹ́ nǹm̀bà fòdún tó wà lẹ́yìn káádì idánimò wọn. Àwọn mirán le pe 855-258-6518 kí o sì dúró nípasẹ́ ijiròrò tíí tì a sí fọ́ fún ọ́ láti tẹ́ 0. Nìgbàtí aṣọ́jú kan bá dàhùn, sọ èdè tí o fẹ́ a ó sí so ọ́ pọ́ mọ́ ògbufò kan.

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

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

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

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и соопутствующую 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.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियाँ का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀ɔ̀-wùdù (Bassa) Tò Dùù Cáo! Bǎ̀ nià ke bá nyò bɛ́ ké m̀ gbo kpá b́ó ní fùà-fúá-tiín nyee jè dyí. Bǎ̀ nià ke bédé wé jéé bɛ́ bɛ́ m̀ ké dɛ́ wa ḿ m̀ ké nyuee nyu hwé bɛ́ wé b́ea ké zì. Ǿ m̀ ní kpé bɛ́ m̀ ké bǎ̀ nià ke kɛ́ gbo-kpá-kpá m̀ ḿoee dyé dɛ́ ní bídí-fùdù mù bɛ́ m̀ ké se wídí d̀ò péé. Kpooò nyò bɛ́ me d́á fùù-nòbá nià dɛ́ waà I.D. káàò dɛ́in nyé. Nyò t̀òò sɛ́in me d́á nòbá nià ke: 855-258-6518, ké m̀ me fò tee wé m̀ gbo cɛ́ bɛ́ m̀ ké nòbá màà 0 kee dyi pàd̀àin hwé. Ǿ jǔ́ ké nyò d̀ò dyi m̀ gǔ́ jǔ́in, po wudù m̀ ḿ poe dyie, ké nyò d̀ò m̀ b́ò nìin bɛ́ Ǿ ké ni wudù m̀ mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনারকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে বা বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہنے کے لیے انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0 عند إجابة أحد الوكلاء، انكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分證別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nriyama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

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 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 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': Dii bee it hane'igii bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo iyisíí yoolkáálgíí dóó t'áádoó le'é ádadoolyí'ígíí da yókeedgo t'áá doo bee e'e'aahí ájii'í'íh. Bee ná ahóót'í' díí bee it hane' dóó níká'ádoowoł t'áá nínizaad bee t'áá jiiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó nááná'la' éi kojí' dahódoonih 855-258-6518 dóó yii diilts'í'í yalt'í'ígíí t'áá nílélj'í áádóó éi bikéé'dóó naasbaqs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitá'ágo, saad bee yániit'í'ígíí yii diikił dóó ata' halne'é lá níká'ádoowlot.



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