CareFirst
Family of health care plans

Health Plan Guide 2025

Programs, resources and tools for our members

CareFirst Small Group Segment
This guide is for non-grandfathered groups only

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Welcome

Why choose CareFirst BlueCross BlueShield?

Unmatched access

Within our Blues network, you have the **broadest access to care**, including 91% of national providers[1] and 99% of local providers.[2]

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.

2025 WORLD'S MOST ETHICAL COMPANIES® ETHISPHERE 13-TIME HONOREE

CareFirst is proud to be recognized as one of the World's Most Ethical Companies® for 13 consecutive years.

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

1 in 2 Americans is covered by Blue regionally, 1 in 3 nationally[3]

Over 99% of local providers and 100% of regional hospitals are in our network

2 million providers across the U.S. representing 96% of hospitals and 91% of doctors[4]

[1] CHP 2024 Network Access Compare Findings with additional data

[2] CareFirst Book of Business Data, 2024

[3] BCBSA Blue Facts, 2024

[4] BCBSA Blue Facts, 2024

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

What's new, what's changed

Here's what CareFirst is introducing and updating in the new plan year.

As a reminder, all health insurance carriers are required to offer Affordable Care Act (ACA)-compliant health plans that follow specific benefit guidelines. To ensure our plans meet these ACA provisions and the needs of our members, CareFirst reviews each plan annually.

As a result of this evaluation, certain changes may be made to your coverage each year. These changes could involve plan benefits or adjustments to deductibles, out-of-pocket maximums or other limits. Not all changes will necessarily apply to your plan.

CareFirst WellBeing℠

- Eat Right Now has expanded access to its program to include Mindful Eating. In addition to weight management and diabetes prevention, Eat Right Now offers members an opportunity to improve their eating habits and their relationship with food, when weight loss is not the end goal.
- Additional resources through Noom, like Noom Move and AI food logging.
- The Blue Rewards medical expense (incentive) card can now be used to purchase eligible over-the-counter health products.

CloseKnit

Save time and get peace of mind with CloseKnit, virtual care. Access 24/7 advanced primary care, urgent care or mental health services via your computer or an easy-to-use app. CloseKnit also provides psychiatry, lactation and nutrition services.

As a CloseKnit primary care patient, you get a dedicated Care Team to help you manage your health, navigate billing and benefits, and coordinate in-person[1] and specialty care. Chats with your Care Team are free—and so is joining.

- Primary care is available to members and dependents ages 18+.
- Urgent care and mental health services are available to members and dependents ages 2+. You do not need to be a CloseKnit primary care patient to access urgent care or mental health services.

D.C. Fertility Mandate

Beginning January 1, 2025, all D.C. plans include coverage for the diagnosis and treatment of infertility and standard fertility preservation services. (Subject to limitations described in the contract.)

Pharmacy

If enrolled in a plan with an integrated medical and drug deductible, you're eligible for the $0 select generic drugs benefit (this does not include D.C. standard plans).

Opioid Reversal Agents are covered at $0 copay (deductible applies for plans with integrated medical and drug deductibles).

Virtual Connect Plus

If your plan includes the Virtual Connect Plus benefit (all plans except D.C. standard plans), you're eligible for the $0 copay benefit for primary care, on-demand urgent care and mental health visits through CloseKnit and select in-person providers.

Even if your plan does not include "Virtual Connect," you may still choose CloseKnit as your primary care practice.

[1] Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.

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.

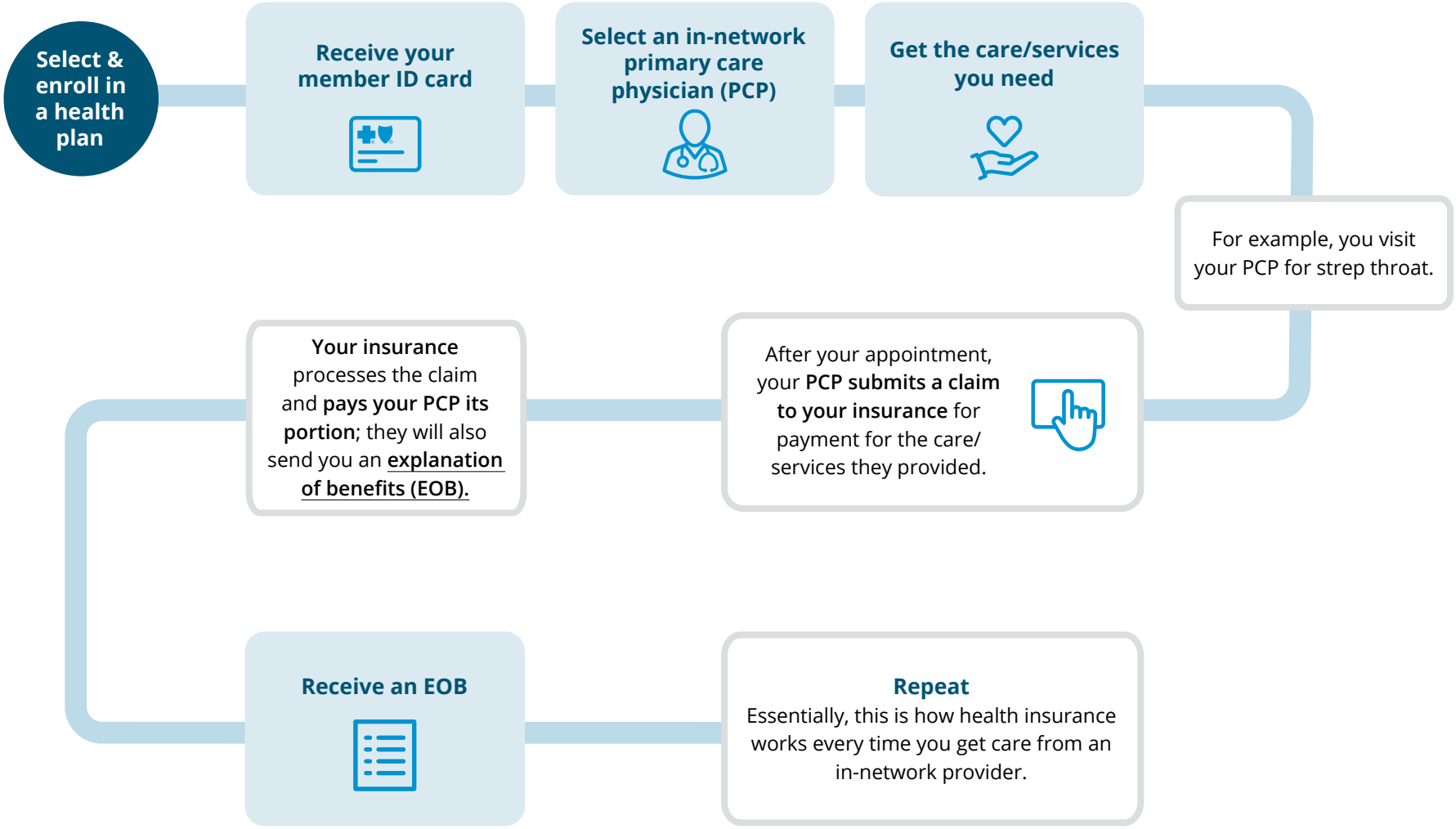
Members in an HSA-qualified plan must satisfy their deductible before receiving the $0 benefit for eligible non-preventive services.

Plan comparisons

	BlueChoice HMO Referral	BlueChoice HMO	BlueChoice Plus POS	BlueChoice Advantage POS	BluePreferred PPO
Description	With BlueChoice HMO Referral, your primary care provider (PCP) provides routine care and coordinates specialty care through a referral.	With BlueChoice HMO, your primary care provider (PCP) provides routine care and coordinates specialty care—no referrals are required.	BlueChoice Plus offers in- and out-of-network coverage to help control your out-of-pocket costs and there's no referral to see a specialist.	BlueChoice Advantage offers national in- and out-of-network coverage to help control your out-of-pocket costs and there's no referral to see a specialist.	With BluePreferred PPO, you have the freedom to visit any provider you choose.
Regional vs. National Plan	Regional	Regional	Regional	National	National
Enrollment	Members ***must*** live or work within the CareFirst service area	Members ***must*** live or work within the CareFirst service area	Members ***must*** live or work within the CareFirst service area	Members can live or work inside or outside of the CareFirst service area	Members can live or work inside or outside of the CareFirst service area
Referrals	Referrals required	No referrals	No referrals	No referrals	No referrals
In-Network	**In MD, DC & Northern VA:** BlueChoice Network	**In MD, DC & Northern VA:** BlueChoice Network	**In MD, DC & Northern VA:** BlueChoice Network	**In MD, DC & Northern VA:** BlueChoice Network **Out-of-Area:** BlueCard PPO Network	**In MD, DC & Northern VA:** CareFirst PPO Network **Out-of-Area:** BlueCard PPO Network
Out-of-Network	Emergency or urgent care only	Emergency or urgent care only	**In MD, DC & Northern VA:** CareFirst PPO Network (no balance billing) or Non-participating providers (may be balance billed) **Out-of-Area:** Non-participating providers (may be balance billed)	**In MD, DC & Northern VA:** CareFirst PPO Network (no balance billing) or Non-participating providers (may be balance billed) **Out-of-Area:** Non-participating providers (may be balance billed)	**In MD, DC & Northern VA and Out-of-Area:** Non-participating providers (may be balance billed)
PCP Selection	Required	Required	Required	PCP selection is recommended but not required. **Out-of-Area:** BlueCard PPO PCP is required	PCP selection is recommended but not required. **Out-of-Area:** BlueCard PPO PCP is required
Blue Rewards	A PCP is required	A PCP is required	A PCP is required	**In MD, DC & Northern VA:** a PCP is required	**In MD, DC & Northern VA:** a PCP is required

How health insurance works

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



Guide to key terms

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 CareFirst 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 includes 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 you pay 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 your 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 benefit period for covered services. Once the out-of-pocket maximum is met, your CareFirst plan pays 100% of the allowed amount for covered services for the rest of the benefit period.

Premium
The amount you pay each month for health insurance coverage. Premiums do not count toward deductibles or out-of-pocket maximums.

Primary care provider (PCP)
A provider you select who is part of your 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.

You can also explore our complete health insurance glossary.

Included with every CareFirst plan

Core healthcare services

Depending on your CareFirst plan, the healthcare services listed below are available at low or no cost.

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-ray 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, such as adult physicals, blood pressure and cholesterol screenings, OB/GYN visits, mammograms, 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 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.

Your plan may include other benefits, such as Health Savings/Reimbursement Account, Dental and other Vision plans. Ask your benefits manager for details.

My Account—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*

Beyond coverage—support for a healthier you

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

Your documents

- Download forms for claim submissions, drug requests, authorizations and more

Doctors, specialists and healthcare facilities (Find a Doctor tool)

- Choose or change your primary care provider (PCP) as applicable
- Find and select in-network:
  - Doctors, specialists, dentists and behavioral health providers
  - Hospitals, urgent care centers, labs and imaging facilities
- Locate nearby pharmacies or access the Mail Order Pharmacy
- Read and write reviews of providers and facilities

Savings tools

- Calculate costs for treatments and services—based on your plan's benefit—with our Treatment Cost Estimator tool**
- Compare hospitals to determine which is best for the care you need with our Provider Comparison tools
- Research drug and pharmacy information with our Drug Pricing tool

Help

- Send a secure message or question via the Message Center

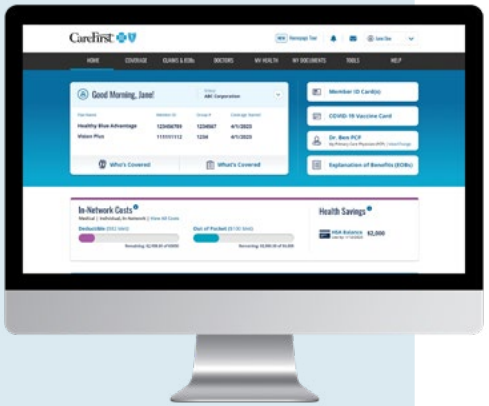
How to register for My Account

Signing up is easy and only takes a few minutes.

- Go to **carefirst.com/myaccount** and select *Register Now*.
- Then, follow the steps to complete your registration.

To register, you'll need:

- Your member ID number or the last four digits of subscriber's social security number



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

* If applicable to your plan.

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

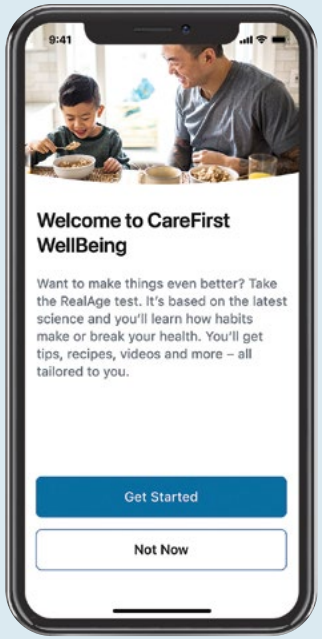
CareFirst WellBeing

CareFirst WellBeing is your personalized digital connection that offers motivating resources accessible anytime, plus specialized programs for extra support—**at no cost to you**.

Your health and well-being is not a single statistic or one-and-done goal. It's a product of everything in your daily life—family, friends, relationships, responsibilities, stressors, habits and more.

CareFirst WellBeing is here to help you navigate it all.

Our web- and app-based platform connects you to resources and programs designed to support your overall well-being—physical, emotional, social and financial.



Digital resources to keep you motivated

RealAge®: Age is nothing but a number. But your RealAge can tell you a whole lot about your overall health. Take the assessment to learn your body's RealAge and steps you can take to a healthier life.

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 sleep with meditation, streaming music and videos—explore your options through CareFirst WellBeing and begin recharging yourself for better health.

CareFirst WellBeing

GET IT ON Google Play

Download on the App Store

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

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.

Personal health coaching

Get one-on-one confidential coaching to achieve your best possible health. Your health coaches are experienced, credentialed and have a wide variety of specializations. They know you're the ultimate decision-maker on your healthcare journey and are here to support you every step of the way.

You'll find two coaching program options through CareFirst WellBeing:

- **Disease management:** If you're living with a chronic or complex condition, you can work closely with a licensed professional or registered nurse specially trained in various conditions like diabetes or coronary artery disease. Your coach will help you better understand your doctor's recommendations, medications and symptoms. You'll also work together to set goals to reduce your risk.
- **Lifestyle coaching:** To improve your health and wellness in your daily life, such as stress management, healthy eating and physical activity, your health coach will help you identify opportunities to achieve your personal goals. They'll also provide support, resources and guidance along the way.

Your coaching program is personalized, approachable and delivered to you through one-on-one calls and an easy-to-use portal where you can find additional resources, schedule calls with your coach and more.

Enroll in coaching through your WellBeing account or call us at 877-515-2615.

Weight management and diabetes prevention[1]

Reach a healthier weight and reduce the risk of developing type 2 diabetes through gradual lifestyle changes that become lifelong habits. The following web- and app-based programs can help support your efforts:

- **Noom:** Noom's personalized, psychology-based techniques will help you develop and maintain healthy eating patterns and physical activity habits. Access tracking tools, peer support and an optional coach, plus gain confidence with practical knowledge to make lasting change—at a pace that's comfortable for you. Plus, new resources like Noom Move—which features an extensive collection of workouts, and AI food logging.
- **Eat Right Now:** This 12-month program combines neuroscience and mindfulness tools to help you identify eating triggers and ride out cravings to change eating patterns. Get access to short daily video lessons, a dedicated digital coach, weekly live classes and online community support to achieve your best health. Eat Right Now has expanded its program to include Mindful Eating—for those who want to improve their eating habits and their relationship with food when weight loss is not the end goal.

Financial well-being

Whether you want to stop living paycheck to paycheck, get out of debt or send a child to college, our financial well-being program, SmartDollar, can help. With engaging videos, expert tips, easy-to-use tools 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 make it work harder for you.

Tobacco cessation

Our voluntary and confidential 21-day program, Craving to Quit, teaches you how to recognize and avoid tobacco cravings and habits. Using the science of behavior change, the program provides the support you need to make quitting easier, including digital coaching, peer-to-peer support and access to daily mindfulness activities and online tools.

To access these resources and enroll in any of the specialized programs, download the CareFirst WellBeing app or visit carefirst.com/wellbeing to log in or register for your account.

[1] To join Noom or Eat Right Now, members need to meet clinical eligibility criteria through an online assessment. Noom is an app-based program. Eat Right Now is app-based and available on the web.

Eat Right Now is administered by Sharecare, Inc. and Noom is administered by Noom, Inc., independent companies that provide health improvement management services to CareFirst members. Sharecare, Inc. and Noom do not provide CareFirst BlueCross BlueShield products or services and are solely responsible for the health improvement management services they provide.

Blue Rewards

Choose healthy activities that fit with your goals and earn rewards for completing them.

As part of your wellness program, Blue Rewards adds an incentive to your efforts to improve or maintain your health and well-being. Both you and your spouse or domestic partner can each earn rewards for completing one, all or any combination of the following healthy activities. **Dependents, regardless of age, are not eligible for Blue Rewards.**

Once you've completed one or more of the activities, you'll receive a CareFirst Blue Rewards Visa® Debit Card with your rewards on it. This card can be used toward your annual deductible and out-of-pocket costs. **The incentive card can now be used to purchase eligible over-the-counter health products**. Keep the card for as long as you're a member as future incentives will be added to your balance as you earn them.

If you have a high-deductible health plan, you must reach your plan deductible before being able to use your Blue Rewards medical expense debit card for out-of-pocket costs like deductible, copays and coinsurance. Meeting your plan deductible is not required for eligible over-the-counter expenses. If you have CareFirst vision or dental benefits, you can certify to only use the card for eligible vision/dental expenses before meeting your deductible.

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.

Earn $25
Retake the RealAge assessment

You can earn an additional reward for retaking it after 90 days.

RealAge answers must be updated or confirmed no earlier than 90 days after the original assessment, and before the end of the benefit period.

Earn up to $200
Participate in health coaching

Session 1 = $30
Session 2 = $70
Session 3 = $100

All personal coaching sessions are confidential and conducted over the phone.

Must complete before the end of your benefit period.

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

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.

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:

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

Behavioral Health Digital Resouce*: 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.

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.

988 SUICIDE & CRISIS LIFELINE

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.

*Available through December 31, 2025. Individual benefits vary.

Members should log in to their My 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 provides telehealth services to CareFirst BlueCross BlueShield members. Atlas Health LLC. is an Affiliate of CareFirst Inc. the holding company for all of the CareFirst plans.

Diabetes Virtual Care Program

For members who need help stabilizing their type 2 diabetes, our Diabetes Virtual Care Program provides personalized support with easy-to-use tools—all at no cost.

Eligible members will be contacted about joining the program

Once enrolled, you'll receive a welcome kit, connected device and testing supplies. You will also have access to certified diabetes educators who can answer questions and help you meet your health goals through a personalized plan.

Learn more about the diabetes support CareFirst offers.

Pediatric dental

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

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 You Pay	Out-of-Network You Pay
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) Oral exams, X-rays, fluoride treatments, sealants, palliative treatment	No charge	20% of Allowed Benefit* (no deductible)
Basic Services (Class II) Fillings, simple extractions, non-surgical periodontics	20% of Allowed Benefit* after deductible	40% of Allowed Benefit* after deductible
Major Services—Surgical (Class III) Surgical periodontics, endodontics, oral surgery	20% of Allowed Benefit* after deductible	40% of Allowed Benefit* after deductible
Major Services—Restorative (Class IV) Inlays, onlays, dentures, crowns	50% of Allowed Benefit* after deductible	65% of Allowed Benefit* after deductible
Orthodontic Services (Class V) When medically necessary	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

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

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 frames and basic spectacle lenses or contact lenses (in network)
- 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** and select *BlueVision, BlueVision Plus, Pediatric Vision* (Davis Vision) network to access our provider directory.

Save on pediatric vision by staying in network. Use the Davis Vision Network when seeking care for your dependents under age 19.

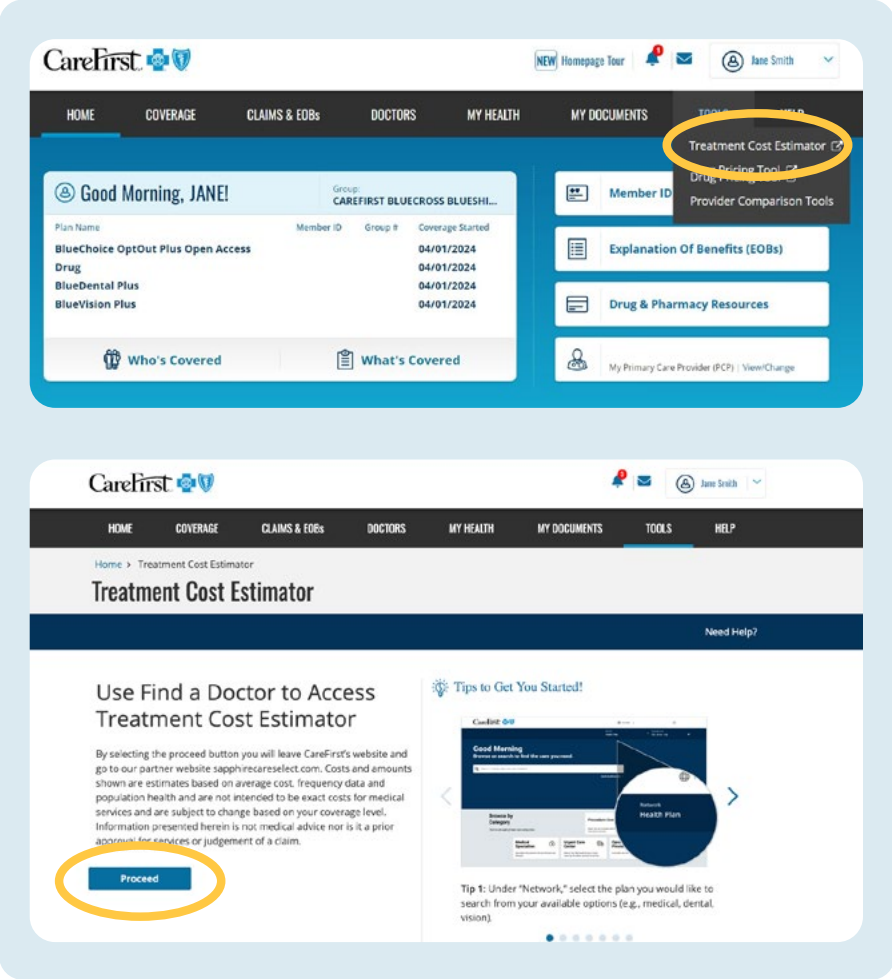
Treatment Cost Estimator

Quickly estimate your costs for medical treatments and procedures beforehand.

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. With it, you can compare costs from different doctors and facilities and receive personalized estimates based on your plan.

Get started by logging in to My Account at **carefirst.com/myaccount**. If you haven't set up your account yet, it just takes your member ID card and a few minutes to register.

Once you're logged in, select *Tools* in the menu, then click *Treatment Cost Estimator*.



Blue365 Wellness Discount Program

Get great deals on premier items from national and local retailers.

With the Blue365 wellness discount program, great deals are yours for every aspect of your life—like 20% off at Reebok.com, discounted nutrition products or a gym membership for only $28 a month.

To take advantage of Blue365, register now at **carefirst.com/wellnessdiscounts**. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your CareFirst member ID card handy. If you have medical coverage, use your member ID number to register for Blue365. If you do not have CareFirst medical coverage, but instead only have wellness, vision, dental or disability benefits, enter *233* instead of a member ID number.

In a couple of minutes, you'll be registered and ready to shop. Every week, Blue365 will send a special deal straight to your email inbox.

Check out these top brands with discounts just for you:

Beltone · eyeMed · GARMIN · PHILIPS sonicare · fitness your way by Tivity Health · TruHearing · chewy · fitbit · Nutrisystem · QualSight LASIK · Reebok · Walt Disney World · Zeal TRIPS

Care where and when you need it

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. Below is a chart with other choices for care, including some options that are available anytime, day or night.

Location	Cost	Needs or symptoms such as:	Virtual option	In-person option	24/7	Rx
CloseKnit virtual care CloseKnit offers 24/7/365 virtual-first primary care, urgent care, mental health and other specialty services. In-person care available when applicable. *In-person care available when applicable; Primary care available to members and dependents ages 18+; Urgent care available to members and dependents ages 2+*	$	■ Preventive visits ■ Urgent care ■ Mental health therapy ■ Psychiatry for ages 2+ ■ Lactation consultation ■ Nutrition and diet support	✔	✔	✔	✔
24-Hour Nurse Advice Line Call **800-535-9700** for general questions about health issues or where to go for care	$0	■ Cough, cold and flu ■ Rashes ■ Medication questions	✔	✘	✔	✘
PCP visit Discuss diagnosis, treatment of illness, chronic conditions, routine check-ups	$	■ Routine physical ■ Diabetic care ■ Cough, cold, flu, allergies ■ Bronchitis	Verify availability with your provider	✔	✘	✔
Convenience care centers *(e.g., retail clinics such as CVS MinuteClinic)* Health screenings, vaccinations, minor illness or injury	$$	■ Cough and cold ■ Pink eye ■ Ear pain ■ Flu shot	✘	✔	✘	✔
Urgent care centers *(e.g., ExpressCare or Patient First)* Non-life-threatening illness or injury requiring immediate care	$$$	■ Sprains ■ Cut requiring stitches ■ Minor burns ■ Sore throat	✘	✔	✘	✔
Emergency room visit Life-threatening illness or injury	$$$$	■ Chest pain ■ Difficulty breathing ■ Uncontrolled bleeding ■ Major burns	✘	✔	✔	✔

Plans with Virtual Connect Plus receive unlimited $0 primary care and mental health services through CloseKnit and select in-person providers. Check the plan's coverage information for full details.

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.

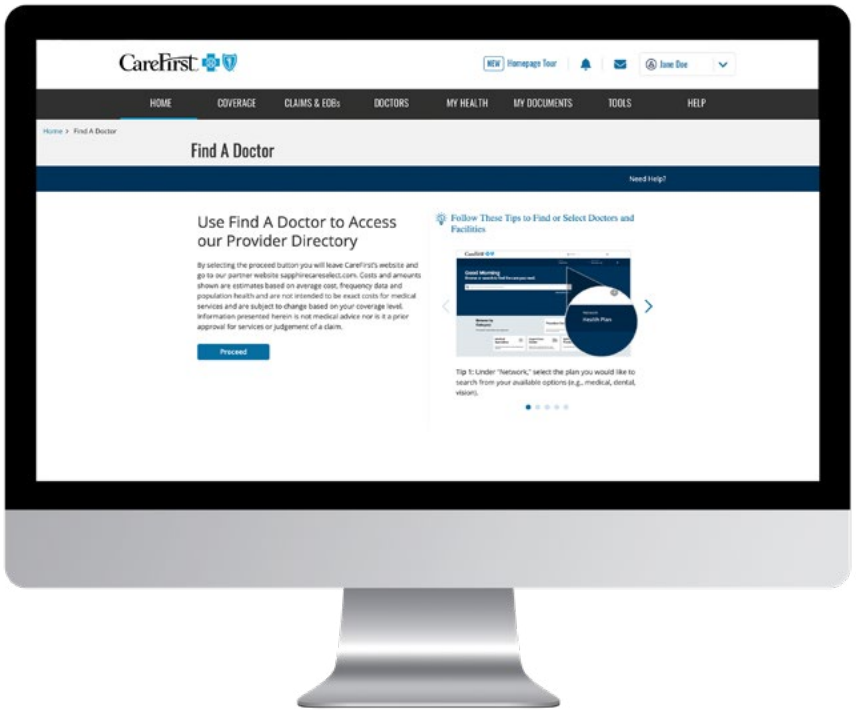
Find a doctor tool

Search for doctors, hospitals, urgent care centers and other healthcare providers—nationwide.

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 online provider directory, you can search by name, location, specialty and other options. You can also:

- **Browse by category**—such as primary care, behavioral health, dental and retail pharmacy
- **Review provider highlights**—including specialties, locations, credentials and which CareFirst plans they accept
- **Access CloseKnit**—our leading virtual-care offering for primary, urgent and mental health care

Try it for yourself at **carefirst.com/doctor**.



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

To speak to a registered nurse, call **800-535-9700**.

CloseKnit virtual care

CloseKnit is our leading virtual-care practice, offering high-quality, personalized care via your desktop or the CloseKnit mobile app.[1]

With CloseKnit, you can access a wider variety of care services available in all 50 states and Washington D.C., including:

Primary care

Full-service primary care from a dedicated Care Team. (For adults age 18+)

- Preventive care and support for chronic conditions
- 24/7/365 access to live chat with your dedicated Care Team
- Convenient appointments, including nights and weekends

Urgent care

Average wait time is 30 minutes or less. (For adults and children age 2+)

- Great for common illnesses and minor injuries
- 24/7/365 access to providers—no appointments necessary

Mental health services

Expert help from licensed therapists and psychiatrists. (For adults and children ages 2+)

- Short- and long-term therapy and medication management
- Appointments built around your schedule

New parent support

Lactation services and support for new parents and nursing mothers.

- Prenatal risk assessments
- Postnatal feeding education and weaning programs
- Appointments built around your schedule

Nutrition services

Guidance and support for healthy eating, weight loss and more.

- Great for getting support to help you meet your goal(s)
- Work with experienced, registered dietitian nutritionist

CloseKnit™

Learn more and register at closeknithealth.com.

[1] Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.

CloseKnit is a registered trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit provides telehealth services to CareFirst BlueCross BlueShield members. Atlas Health LLC. is an Affiliate of CareFirst Inc. the holding company for all of the CareFirst plans.

Care Management program

Whether you're facing a temporary setback or a long-term health condition, our care managers are here to help.

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 833-536-2004.

Care outside the service area

Find doctors, hospitals and specialists to help you stay safe and healthy around the country and the globe.

BlueCard

If you choose a PPO or Advantage 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, outside our service area.

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

- Always carry your current member ID card for easy reference and access to services.
- To find names and addresses of nearby providers and hospitals, visit **carefirst.com/doctor** or call BlueCard Access at **800-810-BLUE (2583)**.
- 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.
- Present your member ID card at the participating provider's office.
- 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).

With your CareFirst member ID card, you can access providers and hospitals almost anywhere.

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**.
- To find a BlueCard provider outside the United States, visit **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. To learn more, visit **bcbsglobalcore.com/Home/MobileApp**.

Managing your healthcare plan

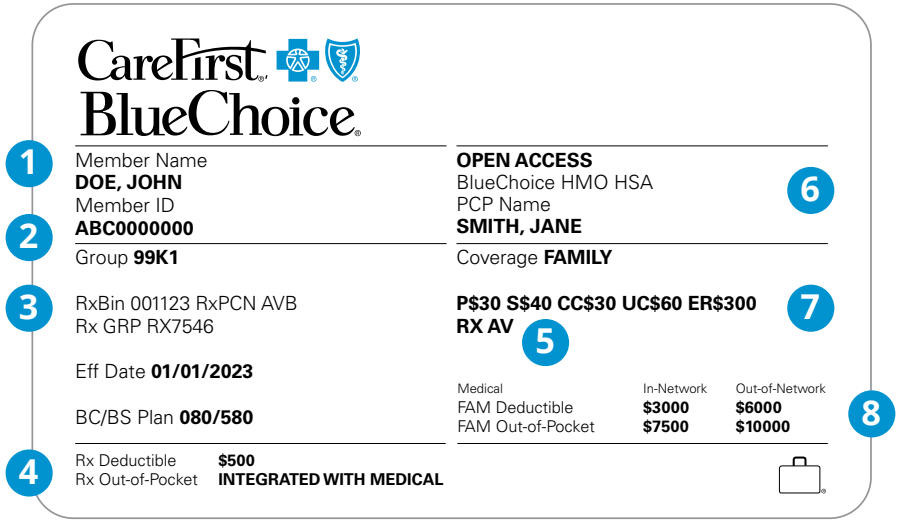
Understanding your member ID card

Your member ID card identifies you as a CareFirst member and shows important information about you and your covered benefits.

Each family member on your plan should have a card—like the example shown here—with their name on it. Make sure to always present your ID card when receiving services. If you don't have your physical card, you can view it on your smartphone through My Account.

This graphic shows the most requested information when you receive care. In addition, you will find important telephone numbers on the back.

Make sure the information on your card is correct. If there is an error, call Member Services at the number on the back of your member ID card.



1 & ● **Member ID & Group #**—these are the numbers providers will ask for to verify your coverage

● **Codes**—pharmacies use these to route claims for payment

● **Prescription deductible** and **out-of-pocket maximums**

● **Additional coverage**—abbreviations correspond to what's included in your plan

● **Plan and PCP name**—your plan and primary care provider's name

● **Copay amounts**—abbreviations correspond to your plan copays

● **Medical deductible** and **out-of-pocket maximums**

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

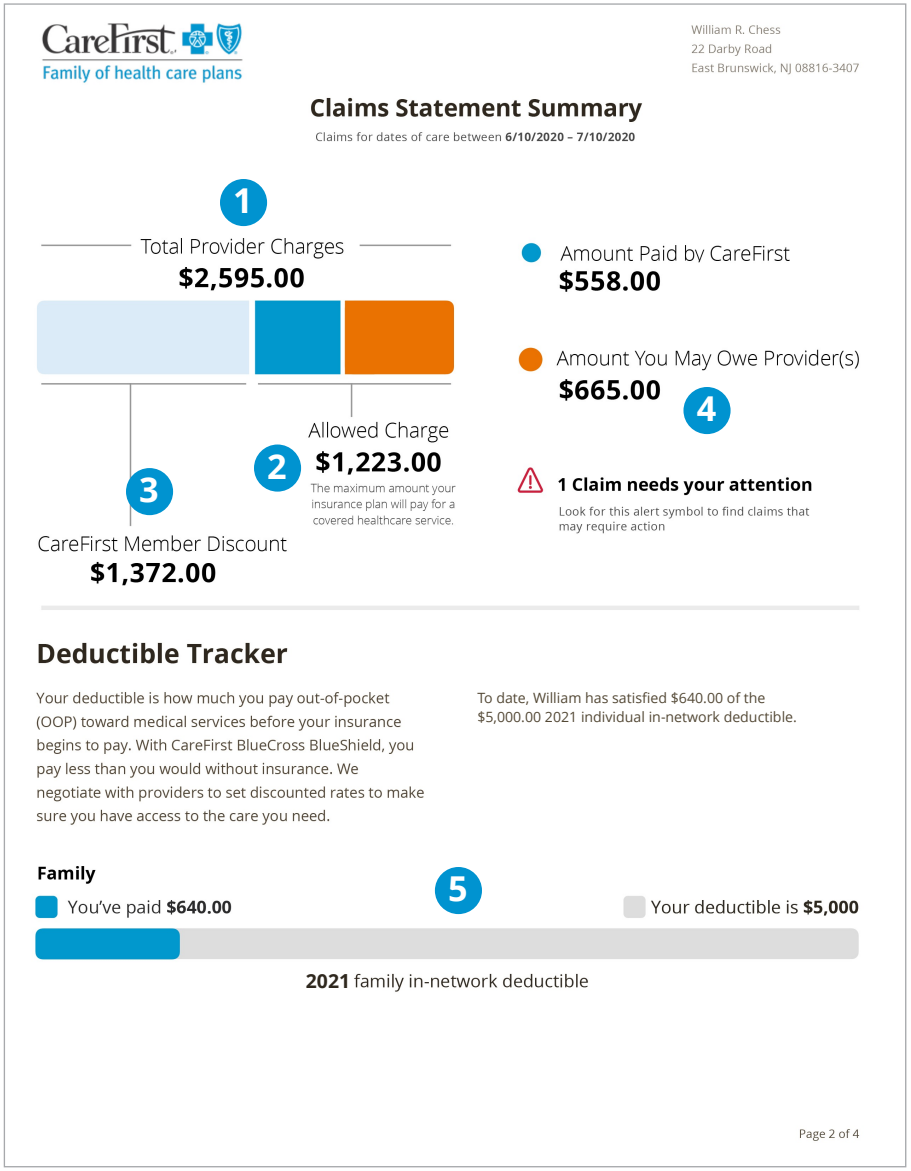
Understanding your Explanation of Benefits (EOB)

Your Explanation of Benefits is a statement you receive from CareFirst after you receive medical care. It is not a bill. It summarizes the charges and payments related to your care, including the amount you may owe. If you owe anything, your doctor and healthcare providers will send you a bill.

Reviewing your EOBs can help you better understand how your CareFirst plan covers the services you receive.

1. **Total Provider Charges**—the amount you would pay if you didn't have medical insurance
2. **Allowed Charges**—the total price that CareFirst has negotiated for a covered service from in-network providers
3. **CareFirst Member Discount**—the amount you saved just by being a CareFirst member
4. **The Amount You May Owe**—the expected amount your doctor or other healthcare provider will bill you
5. **Deductible Tracker**—not all EOBs include this bar graph, but if your EOB does, it can help you quickly see how much you've spent toward your annual deductible

For an interactive tour on how to read your EOB—including how to access yours online—visit carefirst.com/eob.



Prescription drug coverage

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

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** then click *Drug Tools* on the left navigation.
- **Via a browser or the app—**log in to My Account and click *Drug & Pharmacy Resources* from the quick links.

Two ways to fill prescriptions

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 your delivery location
- Consult a pharmacist by phone 24/7
- Schedule automatic refills
- Receive email notification of order status

Watch a **video** on how to fill your prescriptions via local pharmacy or mail order.

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.

Lower prices for non-specialty generic drugs

As a CareFirst member, you get automatic access to discounted pricing, when available, for non-specialty generic drugs through GoodRx.* Your cost share is applied to your deductibles (if applicable) and out-of-pocket maximums. To start saving, you only need to show your CareFirst member ID card.

*GoodRX is an independent company providing prescription discounts to CareFirst BlueCross BlueShield members. Subject to and may be impacted by certain state regulations.

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.

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. Watch a **video** about our Preferred Drug List. To see your formulary and Preferred Drug List, go to **carefirst.com/rx**.

Drug Tiers	Description
Tier 0: **$0 Drugs**	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, opioid overdose reversal agents and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share. Deductible may apply.
Tier 1: **Generic Drugs $**	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 $$**	Preferred brand drugs are brand-name drugs that may not be available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: **Non-Preferred Brand Drugs $$$**	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 $$$$**	Preferred specialty brand drugs are specialty brand-name drugs that may not be available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred specialty brand drugs. If a generic drug becomes available, the preferred specialty brand drug may be moved to the non-preferred specialty brand category.
Tier 5: **Non-Preferred Specialty Drugs $$$$$**	Non-preferred specialty drugs often have a preferred or generic specialty drug option where your cost share will be lower.

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

Helpful resources

Insurance basics video library

Visit our **video library** to learn more about your benefits and the tools, programs and resources available.

Included with your CareFirst health plan

My Account

My Account registration

Reading your EOB

Know before you go

What's a PCP & why is it important to have one?

Virtual care options

Preventive care

Programs for chronic and complex conditions

Online member resources

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**
- Frequently Asked Questions (FAQ) Hub: **carefirst.com/faq**
- Explanation of Benefits (EOB): **carefirst.com/eob**

Health, wellness and member discounts

- Wellness Programs Overview: **carefirst.com/wellnessprograms**
- 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, call or text **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**

Coverage 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

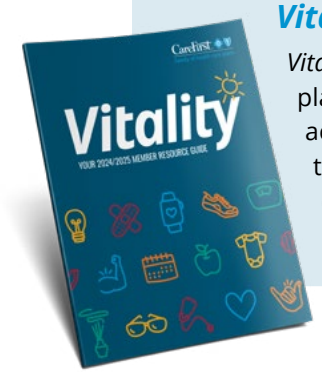
Go paperless

To choose electronic delivery for alerts, reminders, EOBs and other communication from CareFirst, provide your consent by following these steps:

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

Follow us on social media

- Facebook: **carefirst.com/facebook**
- Instagram: **instagram.com/carefirstbcbs**
- X: **carefirst.com/x**
- YouTube: **carefirst.com/youtube**
- LinkedIn: **carefirst.com/linkedin**



Vitality—your Member Resource Guide

Vitality brings together important information about your plan in one place. Get helpful tips about online resources, accessing care, prescription medications and coverage to make the most of your CareFirst plan. Downloadable digital versions are available in English, Spanish and Mandarin at **carefirst.com/vitality**.

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** 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 member ID 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. groups

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/injection[1] (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 4/15/2025)

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 14858 Lexington, KY 40512
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**.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The BLUE CROSS® and BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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 identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغ طعلى الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzį́į'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana‘omia ai le faia o se gaioiga i nisi taimi fa‘agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بار میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آ پ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنا چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آ پکا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.

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