CareFirst

Family of health care plans

Consumer Health Insurance Plans 2017

For people who buy their own insurance

NORTHERN VIRGINIA

Welcome

Thank you for considering CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) for your health care coverage. As the largest health care insurer in the Mid-Atlantic region, we know how much you and your family depend on us for your health coverage. It's a responsibility we take very seriously, as we have with your parents, grandparents, friends and neighbors.

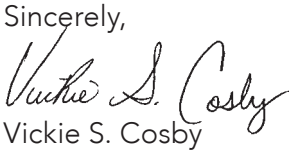
We created this book to help you research and choose the plan that best suits your specific needs. Inside you'll find:

- Details about the different plans we offer;
- How to choose and use your plan, including calculating your premium and other costs; and
- How to enroll in your plan.

CareFirst is an affiliate of the Blue Cross and Blue Shield Association. When you choose us as your health insurer, you are protected by the nation's oldest and largest family of independent health benefits companies. For over 75 years, we have provided our community with health care coverage and are committed to being there when you need us for many years to come.

If you have any questions as you read through this book, visit us at **www.carefirst.com/individual** or give us a call at 800-544-8703, Monday – Friday, 8 a.m. to 6 p.m. and Saturday, 8 a.m. to noon.

Sincerely,



Vickie S. Cosby
Vice President, Consumer Direct Sales Distribution and Communications

What's Inside…

Why choose CareFirst?

We know you have many options for your health care coverage and we appreciate the opportunity to show you how CareFirst is different. When you choose us as your health insurer:

- You have **choices**
- You get **more**
- You are **protected**

You have choices

We design our health plans with one thing in mind—you. When you need medical care, worrying about your health coverage should be the last thing on your mind. Our plans give you the freedom to get the care you need, when and where you need it and include:

- **The largest network of doctors in the region**—you get to choose the doctors you want to see.
- **No referrals needed**—make appointments with the doctors you want to see; no extra paperwork required.
- **Health plans designed to meet nearly every budget**—pick the benefits you want such as no charge primary care office visits and generic drugs, or no deductible for important services like urgent care, primary care and specialist visits.
- **Ways to manage your health care expenses**—save money by choosing to get care at locations with lower out-of-pocket costs such as your doctor's office, retail health clinics and urgent care centers.

HIGHEST MEMBER SATISFACTION RATINGS

Happy members are the true measure of a health plan's success. Did you know CareFirst ranks best in class for member satisfaction* in these key categories:

- Networks include the doctors you want
- Overall good reputation
- Provide best coverage for you and your family
- Health plan overall
- Likelihood to recommend

*Results based on a survey of 1,830 health plan members, conducted by Mathew Greenwald & Associates, Inc. between January 1, 2016 and June 30, 2016.

You get more

At CareFirst, we reward you for taking steps to live a healthier lifestyle. Our programs help you take an active role in your health, address any health care concerns and enjoy a healthier future. With CareFirst, you get:

- **No charge for many benefits**—you pay nothing when you see an in-network provider for adult physicals, well-child exams, immunizations, screenings and more.
- **Rewards**—through our Blue Rewards incentive program, you can earn up to $150 per policyholder and covered spouse/domestic partner toward your copays or deductible by completing four steps to help you take charge of your health.
- **Copays instead of coinsurance on most benefits**—predictable copays help you know how much it will cost before you visit the doctor.
- **Focused support**—our Patient-Centered Medical Home program (PCMH) enables your primary care provider to coordinate your care with all your doctors, pharmacies and hospitals to provide you with the services and support needed to keep you in the best possible health.
- **Discounts**—we negotiate discounts with our medical and dental providers, which result in significant savings for our members.
- **Free 24/7 nurse advice line**—if you are unable to reach your primary care physician, or are unsure about your symptoms, you can call FirstHelp, our 24-hour nurse advice line.

WE ARE DEDICATED TO OUR COMMUNITY

We are your neighbors. As one of the largest employers in the region, we live and work in your community. And, as part of the community, we strive to provide resources and volunteer hours to strengthen the people we serve.

You are protected

For over 75 years, we have provided our community with health care coverage and we are committed to being there when you need us for many years to come. Blue Cross and Blue Shield companies cover nearly 100 million people—one-third of all Americans. You too can be protected:

- By the power of a membership card that opens doors in all 50 states.*
- Through a national provider network that includes 90 percent of all doctors and 80 percent of all hospitals nationwide.*
- With emergency coverage in over 200 countries.

When you choose a CareFirst health care plan, you get more than health insurance. You gain a partner who is committed to helping you live the healthiest life possible.

* Only emergency care covered outside of MD, DC and Northern Virginia for HMO plans.

Choosing Your Plan

Learn how health insurance works

To help you choose the best health plan for your budget and your needs, it's important to understand a bit about health insurance. The graphic below explains how health insurance works and defines some key terms.

Let's get started!

Select a plan for 2017

Begin paying your monthly premium

Receive your member ID card

Get your preventive care

Here are some key things that you get at no charge:

- Adult physicals
- Well-child exams and immunizations
- OB/GYN visits and pap tests
- Mammograms
- Prostate and colorectal screenings
- Routine prenatal maternity services

Need additional care?

Meet your deductible

Your **DEDUCTIBLE** *is the amount of money you must pay each year before CareFirst will start paying for all or part of the services.*

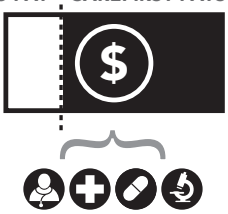
YOU PAY 100% until you meet your deductible for most services

Many of our plans do not require you to meet a deductible for primary care and specialist office visits, urgent care, labs, X-rays done in a non-hospital setting and generic drugs!

Pay your copay

After you meet your deductible, you'll pay a **COPAY** or **COINSURANCE** for all covered services

YOU PAY | **CAREFIRST PAYS**



Your monthly premium does not count toward your deductible or out-of-pocket maximum.

If you reach your out-of-pocket maximum

You will pay nothing for your care for the remainder of the plan year. CareFirst will pay 100 percent of your covered medical expenses.

CAREFIRST PAYS 100%

Calendar year ends

Commonly used insurance terms are **BOLDED** *throughout this book and defined in the glossary on page 25.*

CareFirst offers plans for every budget

CareFirst offers three different types of plans: Health Maintenance Organization (HMO), Point of Service (POS) and Preferred Provider Organization (PPO). The main differences between plan types are how much freedom you have when choosing providers and how much you will have to pay. To learn more about HMO, POS and PPO plans, refer to our glossary on page 25.

	HMO Plans $	POS Plans $$	PPO Plans $$$
Advantages	■ Usually the least expensive choice ■ Nearly 37,000 doctors, specialists and hospitals to choose from	■ Flexible coverage; combines benefits of an HMO with access to out-of-network providers	■ Most flexible ■ Large choice of approximately 42,000 providers ■ Coverage for out-of-area services (outside of MD, DC and Northern VA) is included*
Things to consider	■ Out-of-area coverage (outside of MD, DC and Northern VA) for emergencies and urgent care only ■ Coverage is available for those living in selected states for an extended period of time (i.e., college) through our Away From Home program	■ More expensive than an HMO (but usually less expensive than a PPO) ■ Using out-of-network providers will cost you more ■ Out-of-area coverage (outside of MD, DC and Northern VA) is available but will be covered out-of-network*	■ Usually more expensive than an HMO or POS plan ■ Using out-of-network providers will cost you more
Available plans	■ BlueChoice HMO Young Adult $7,150 ■ BlueChoice HMO Silver $3,500 ■ BlueChoice HMO HSA Silver $1,500 ■ HealthyBlue HMO Gold $1,000	■ BlueChoice Plus Silver $2,500	■ BluePreferred PPO HSA Silver $2,000 ■ HealthyBlue PPO Gold $1,000

DID YOU KNOW?...

CareFirst has the region's largest group or "network" of providers—doctors, hospitals and pharmacies— from which you can receive benefits and services. To search for your doctor within our network, visit **www.carefirst.com/doctor.**

*There is no benefit for non-emergency services provided outside of the United States.

To choose the best plan for your needs, you should:

Understand metal levels

Under the Affordable Care Act (ACA) there are four categories of health coverage—Bronze, Silver, Gold and Platinum—called **METAL LEVELS**. All health plans fall into a metal level depending on the share of health care expenses they cover. For example, bronze plans have lower monthly premiums but you'll pay more out of pocket when you seek care. Platinum plans have a higher premium but feature lower out-of-pocket costs.

CareFirst offers plans in the following metal levels:

- Gold
- Silver

CareFirst also offers a Catastrophic plan (BlueChoice Young Adult) for individuals under age 30, or individuals with a hardship exemption.

Consider a Health Savings Account

A **HEALTH SAVINGS ACCOUNT** (HSA) is a tax-exempt medical savings account that can be used to pay for your own, and your dependents', eligible medical expenses. HSAs enable you to pay for eligible health expenses and save for future qualified health expenses on a tax-free basis. We offer two health insurance plans that coordinate with an HSA and feature higher deductibles and lower premiums.

Look into financial assistance

You may qualify for financial assistance (also called subsidies) from the government. There are two types of financial assistance available:

A tax credit to help pay your monthly premium—This subsidy helps reduce your monthly premium. Once you qualify, your tax credit will be sent to CareFirst and applied to your bill reducing your premium. If you qualify for this type of assistance, you can use it toward the purchase of any plan—Silver or Gold (excludes the BlueChoice Young Adult plan).

A subsidy to lower your out-of-pocket expenses—This subsidy helps limit how much you spend on out-of-pocket expenses like copays, coinsurance and deductibles. By lowering these out-of-pocket costs, your health plan begins paying 100 percent of your costs sooner than it would have without the subsidy. If you qualify, and want to take advantage of this type of financial assistance, you must purchase a Silver metal level plan.

To see whether you qualify for assistance, check out our subsidy estimator at **www.carefirst.com/individual**. If you do qualify, you must purchase your plan through the federal Marketplace at **www.healthcare.gov**.

Note: If you are an existing member and you qualified for financial assistance in 2016 and did not elect automatic reassessment, you need to contact the Marketplace and be re-evaluated for financial assistance for 2017 during Open Enrollment from November 1, 2016–January 31, 2017.

DID YOU KNOW?…

…individuals earning up to $47,520* and a family of four earning up to $97,200* can still qualify for financial assistance to help pay for their health insurance premiums?

*income based on 2016 federal poverty levels

Narrowing down your selection

The chart below shows the features most often used to compare plans. Use it to find your top choices—based on monthly premium, plan type, deductible and out-of-network coverage—whatever's most important to you.

	CATASTROPHIC PLAN	SILVER LEVEL PLANS	
Plan Name	**BlueChoice HMO Young Adult $7,150***	**BlueChoice HMO Silver $3,500**	**BlueChoice Plus Silver $2,500**
Monthly premium	$	$ $	$ $
Individual out-of-pocket costs (copays and deductibles)	$ $ $	$ $	$ $
Plan type	HMO	HMO	POS
Deductible (amount** you pay each year before CareFirst begins to pay for services)	$7,150	$3,500	$2,500
Out-of-pocket maximum** (the most you'll pay for services in one plan year)	$7,150	$6,850	$6,850
Plan is eligible for subsidy to lower out-of-pocket expenses***		✔	✔
Plan is eligible for tax credit to reduce monthly premium***		✔	✔
Coverage throughout the United States	✔ (emergency care only)	✔ (emergency care only)	✔ (covered out-of-network)
Out-of-network coverage available****			✔
No copay or deductible for all primary care visits		✔	
No deductible for generic drugs		✔	✔
No deductible for specialist visits, urgent care, lab work/X-rays done in a non-hospital setting		✔	✔

Here's what you get with every CareFirst plan

Blue Rewards program	✔	✔	✔
No referrals necessary	✔	✔	✔
Large network of doctors and hospitals	✔	✔	✔

* Available to individuals under the age of 30. Also available to people who have received certification from an Exchange that they are exempt from the individual mandate because they do not have an affordable coverage option or because they qualify for a hardship exemption. Visit your public Exchange for more details.
** Family deductible and out-of-pocket maximum is double the individual deductible and out-of-pocket maximum.
*** On Exchange only based on member income.**** Out-of-network—health care providers who have not contracted with CareFirst to provide services are out-of-network. Generally, HMO plans do not offer out-of-network services except for emergency care. PPO and POS plans offer out-of-network coverage with higher out-of-pocket costs.

Open Enrollment is November 1, 2016–January 31, 2017.

SILVER LEVEL PLANS		GOLD LEVEL PLANS	
BluePreferred PPO HSA Silver $2,000	**BlueChoice HMO HSA Silver $1,500**	**HealthyBlue HMO Gold $1,000**	**HealthyBlue PPO Gold $1,000**
$$	$$	$$$	$$$
$$	$$	$	$
PPO	HMO	HMO	PPO
$2,000	$1,500	$1,000	$1,000
$6,550	$6,550	$4,500	$4,500
✔	✔		
✔	✔	✔	✔
✔	✔ (emergency care only)	✔ (emergency care only)	✔
✔			✔
		✔	✔
		✔	✔
		✔	✔

✔	✔	✔	✔
✔	✔	✔	✔
✔	✔	✔	✔

Learn more about what you get with every CareFirst plan

We've included more detailed benefits information, organized by health plan, in the fold-out chart included with this book.

Included with every CareFirst plan

CareFirst health plans are designed with your health in mind. All plans in this book include essential benefits like preventive care, hospitalization, emergency services, lab tests, maternity and mental health care. And, there is even more to every CareFirst plan. We also include:

- Prescription drug coverage
- Blue Rewards
- Vision examination for members over age 19
- Dental and vision coverage for members under age 19

Prescription drug coverage

Prescription drugs are an essential part of health care. As a CareFirst member, your prescription coverage includes:

- A nationwide network of more than 69,000 participating pharmacies
- Approximately 5,000 covered prescription drugs, including:
  - **GENERIC DRUGS**
    Generic drugs cost up to 75 percent less than their brand-name counterparts and are made with the same active ingredients. Ask your doctor if your prescription medication can be filled with a generic alternative.
  - **PREFERRED BRAND-NAME DRUGS**
    The drugs on CareFirst's Preferred Drug list have been reviewed for quality, effectiveness, safety and cost by an independent national committee of health care professionals. The CareFirst Preferred Drug List identifies generic and preferred brand-name drugs that may save you money. You can check and print the most up-to-date list at **www.carefirst.com/acarx**.
  - **NON-PREFERRED BRAND-NAME DRUGS** are often available in less-expensive forms, either as generics or preferred brand drugs. You will pay more for drugs in this tier.
  - **SPECIALTY DRUGS** often have the highest out-of-pocket cost. In most cases, these are high-cost prescription drugs that may require special handling, administration or monitoring and may be oral or injectable medications used to treat serious or chronic medical conditions.
- Mail Service Pharmacy, our convenient and fast mail order drug program
  - By using our Mail Service Pharmacy program, you can save the most money on your maintenance medications— those drugs taken daily to treat a chronic condition like high cholesterol—by having them delivered right to your home. You can get up to a 90-day supply of your medications for the cost of two copays. Non-maintenance drugs are also available through the Mail Service Pharmacy.
- Coordinated medical and pharmacy programs to help improve your overall health and reduce costs

We've included more information on prescription benefits by health plan in the fold-out chart included with this book.

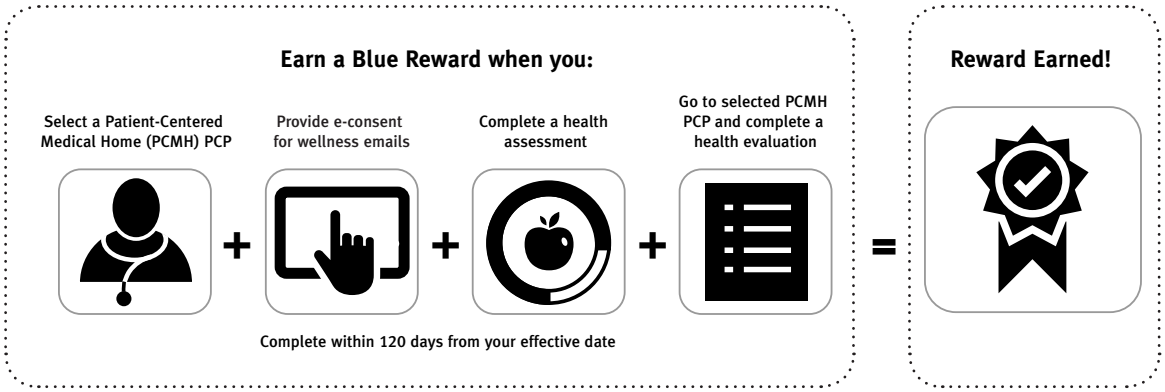
Visit **www.carefirst.com/acarx** to find out more.

Earn money with our Blue Rewards program

Blue Rewards is CareFirst's exclusive incentive program that rewards you for taking steps to get and stay healthy. By completing four required steps, you and your covered spouse/domestic partner can each earn up to $150.

Once you've earned your reward, you will receive a CareFirst Blue Rewards Visa® Incentive Card that can be applied to your out-of-pocket costs like copays and eligible medical, prescription drug, dental and vision expenses under your CareFirst health plan.

There are four steps you must complete to earn your reward.



For more information on the steps and the program, visit **www.carefirst.com/bluerewards**.

The CareFirst Blue Rewards Visa® Incentive Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. This card may not be used everywhere Visa debit cards are accepted. No cash access permitted. The Bancorp Bank; Member FDIC.

If you have a plan with a health savings account (HSA) option, you will typically receive the incentive card once you have met the Internal Revenue Service (IRS) minimum deductible for an HSA plan—$1,300 for an individual or $2,600 for a family. You may be able to receive your incentive card after completing the four steps if certain requirements are met.

Vision coverage

Every CareFirst health plan includes an annual vision examination for everyone covered by your plan. In-network benefits are offered to you through Davis Vision,* our administrator for the plans. Out-of-network benefits are also available.

Coverage for children (up to age 19) includes:

- One no-charge in-network routine exam per calendar year
- No copay for frames and basic lenses for glasses or contact lenses in the Davis Vision collection
- No claims to file when you use a provider who contracts with Davis Vision

Coverage for adults (age 19 and over) includes:

- One no-charge in-network routine exam[1] per calendar year
- Discounts[2] of approximately 30 percent on eyeglass lenses, frames and contacts, laser vision correction, scratch-resistant lens coating and progressive lenses
- No claims to file when you use a provider who contracts with Davis Vision

**Davis Vision is an independent company.*

[1] *Exam subject to deductible in BlueChoice Young Adult plan.*

[2] *Provider participation varies from year-to-year. Make sure to call in advance to confirm discounts.*

To locate a vision provider near you, call Davis Vision at 800-783-5602 or visit **www.carefirst.com/doctor.**

Dental coverage for children up to age 19

Did you know that comprehensive dental care can help detect other health problems before they become more serious? 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.

	Pediatric Dental	
	In-Network	Out-of-Network
	MEMBER PAYS	
Cost	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 5,000 providers in MD, DC and Northern VA; 123,000 dental providers nationally	
Preventive & Diagnostic Services (Class I)—Exams (2 per year), cleanings (2 per year), fluoride treatments (2 per year), sealants, bitewing X-rays (2 per year), full mouth X-ray (one every 3 years)	No charge	20% of Dental Allowed Benefit* (no deductible)
Basic Services (Class II)—Fillings (amalgam or composite), simple extractions, non-surgical periodontics	20% of Dental Allowed Benefit* after deductible	40% of Dental Allowed Benefit* after deductible
Major Services—Surgical (Class III)—Surgical periodontics, endodontics, oral surgery	20% of Dental Allowed Benefit* after deductible	40% of Dental Allowed Benefit* after deductible
Major Services—Restorative (Class IV)—Crowns, dentures, inlays and onlays	50% of Dental Allowed Benefit* after deductible	65% of Dental Allowed Benefit* after deductible
Orthodontic Services (Class V)**—when medically necessary	50% of Dental Allowed Benefit* (no deductible)**	65% of Dental 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 payments are based on the CareFirst Dental Allowed Benefit. Participating dentists accept 100% of the CareFirst Dental Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for any amount over the Dental Allowed Benefit. Providers are not required to accept CareFirst's Dental Allowed Benefit 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 Dental Allowed Benefit, but are not required to do so. Please talk with your dentist about your cost for any dental services.

**Orthodontic services are subject to the deductible for the BlueChoice Young Adult $7,150 plan only.

Dental plans for adults

Three optional dental plans

All CareFirst medical plans provide pediatric dental benefits. To purchase dental coverage for adults age 19 and older, you can choose from three dental plans:

- BlueDental Preferred
- Dental HMO
- Preferred Dental

For more information, including an application, just mail the postage-paid card on the next page.

If you'd like to talk to a dental plan specialist, please call **855-503-4862.**

	BlueDental Preferred	
	In-Network	
	Out-of-Network Coverage available	
	MEMBER PAYS	
Individual Cost Per Day	Approximately $1 per day*	
Deductible	**Low Option** $100 Individual/$300 Family (applies to classes I-IV) per calendar year	**High Option** $60 Individual/$180 Family (applies to classes II, III, IV) per calendar year
Annual Maximum	Plan pays $1,000 maximum (for members age 19 and older)	
Network	Over 5,000 providers in MD, DC and Northern VA; 123,000 dentists nationally	
Preventive & Diagnostic Services (Class I)	**Low Option** No charge after deductible	**High Option** No charge
Basic Services (Class II) *Fillings, simple extractions, non-surgical periodontics*	20% of Allowed Benefit** after deductible	
Major Services – Surgical (Class III) *Surgical periodontics, endodontics, oral surgery*	20% of Allowed Benefit** after deductible	
Major Services – Restorative (Class IV) *Inlays, onlays, dentures, crowns*	50% of Allowed Benefit** after deductible	
Orthodontic Services (Class V) *(up to age 19)*	50% of Allowed Benefit** (no deductible) when medically necessary	

Please note: The benefit summary above is condensed and does not provide full benefit details.

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.

* Individual only cost per day in Northern Virginia, Low Option only.

**CareFirst payments are based upon the CareFirst Allowed Benefit. Participating dentists accept 100% of the CareFirst Allowed Benefit 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 Benefit 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.

If you'd like to talk to a dental plan specialist, please call **855-503-4862.**

	Dental HMO[1]	Preferred Dental
	In-Network Only	In-Network
		Out-of-Network Coverage available
	Member Pays	
Individual Cost Per Day	Less than $.35	Less than $.65
Deductible	None	None
Annual Maximum	No maximum	No maximum
Network	Over 600 providers in MD, DC and Northern VA	Over 5,000 providers in MD, DC and Northern VA
Preventive & Diagnostic Services (Class I)	$20 copay per office visit	No charge
Basic Services (Class II) *Fillings, simple extractions, non-surgical periodontics*	$20-$70 copay per office visit	Not covered
Major Services – Surgical (Class III) *Surgical periodontics, endodontics, oral surgery*	Copays per service	Not covered
Major Services – Restorative (Class IV) *Inlays, onlays, dentures, crowns*	Copays per service	Not covered
Orthodontic Services (Class V)	Child: $2,500 per member Adult: $2,700 per member	Not covered

Please note: The benefit summary above is condensed and does not provide full benefit details.

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.

[1] The Dental HMO plan is underwritten by CareFirst BlueChoice, Inc., which is an independent licensee of the Blue Cross and Blue Shield Association.

CareFirst payments are based on the CareFirst Allowed Benefit. Participating dentists accept 100% of the CareFirst Allowed Benefit 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 Benefit 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.

For more information on any of our three optional dental plans, including an application, just mail in the postage-paid card on the next page.

Mail this card for free information

YES, please rush me more information about the plan(s) that I've checked below. I understand this information is free and I am under no obligation.

Dental Plan Options
☐ BlueDental Preferred
☐ Dental HMO
☐ Preferred Dental

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

CareFirst
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OWINGS MILLS MD 21117-9782

Using Your Plan

Know before you go

Knowing where to go when you need medical care is key to getting treatment with the lowest out-of-pocket costs.

Primary care provider (PCP)

Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

FirstHelp—free 24-hour nurse advice line

With our free nurse advice line, members can call anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

CareFirst Video Visit

See a doctor 24/7 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pink eye. Visit **www.carefirst.com/needcare** for more information.

Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

Urgent care centers

Urgent care centers have a doctor on staff and are another option when you need care on weekends or after hours.

Emergency room (ER)

An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.

When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs* may vary for a sample health plan depending on where you choose to get care.

	Sample cost	Sample symptoms	Available 24/7	Prescriptions
Video Visit	$20	▪ Cough, cold and flu ▪ Pink eye ▪ Ear infection	✔	✔
Convenience Care	$20	▪ Cough, cold and flu ▪ Pink eye ▪ Ear infection	✘	✔
Urgent Care	$60	▪ Sprains ▪ Cut requiring stitches ▪ Minor burns	✘	✔
Emergency Room	$200	▪ Chest pain ▪ Difficulty breathing ▪ Abdominal pain	✔	✔

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

The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

Take advantage of our wellness discount program

Blue365 delivers exclusive discounts for our members from top national and local retailers on:

- Fitness gear
- Gym memberships
- Family activities
- And more

It's easy to register and take advantage of all Blue365 has to offer. Once you sign up, you'll receive a weekly deal reminder by email.

Visit **www.carefirst.com/wellnessdiscounts** to learn more.

Use our Treatment Cost Estimator

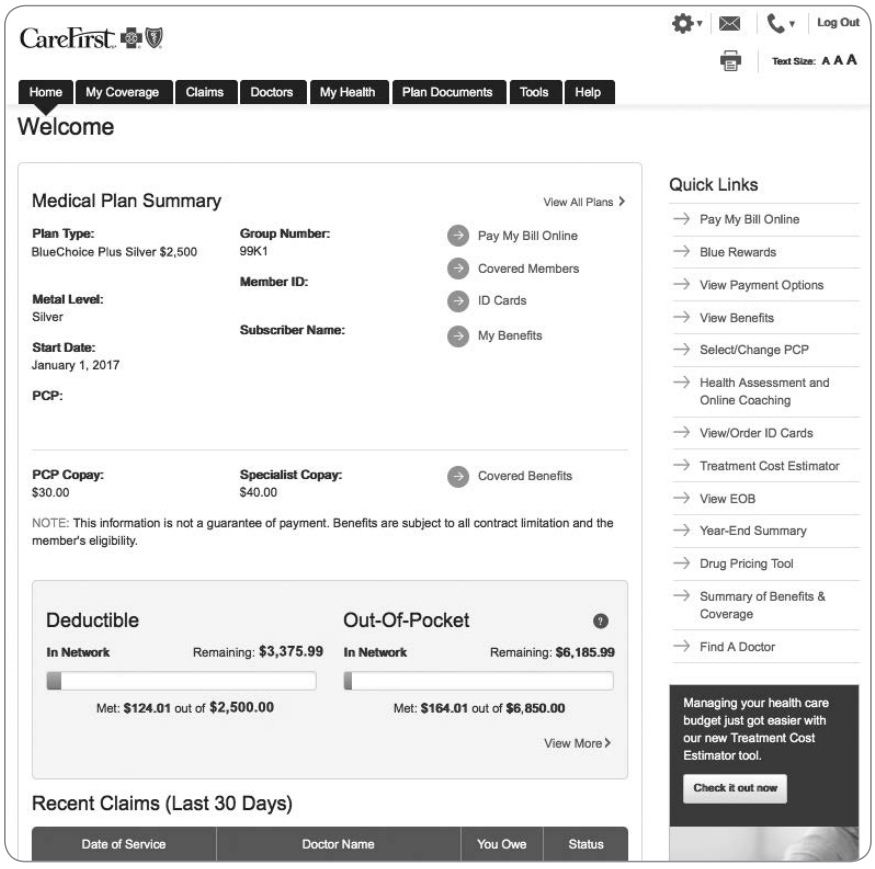
Once you are a member, you can manage your health care budget with CareFirst's Treatment Cost Estimator. The estimator is an online resource that helps you determine your approximate out-of-pocket cost for procedures, doctor office visits, lab tests and surgery before you receive care.

Access important health information

My Account—your total online health resource

My Account offers personalized information about your health plan to help you understand your benefits. By setting up an account, you'll have password-protected access to:

- View and pay your bill
- Choose a doctor
- View and order your member ID card
- View your Explanation of Benefits (EOB)
- Track your remaining deductible
- Use the Treatment Cost Estimator
- Find drug pricing, pharmacy locations and access the Mail Service Pharmacy
- Check the status of your claims
- Compare hospitals
- Complete a health risk assessment
- Provide e-consent for wellness emails



ON THE GO? DOWNLOAD OUR MOBILE APP

Using any mobile device, you can:

- Search for providers and urgent care centers
- View claims and deductible information
- Download ID cards to your device
- Save provider information directly to your contacts list
- Receive a notification when your new Explanation of Benefits (EOB) information is ready to view

Enrolling in Your Plan

Calculating your total monthly premium

Before you decide on the plan that best fits your needs, you'll likely want to take a look at the cost.

Buying an individual plan

Using the chart on the following pages, find the plan(s) you are considering and circle the dollar amount that corresponds with how old you will be—shown in the far left column—when your coverage begins (i.e. your age on January 1, 2017). That's your rate!

Buying a family plan

If you are interested in a family plan, each family member is rated individually and your rates are combined to calculate your family premium. To calculate your family premium:

- Circle the rate for you.
- Circle the rate for your spouse (if applicable).
- Circle the rates for your oldest three children under age 21. If you have more than three children under age 21, all will be covered on your plan but only the three oldest count toward your overall premium.
- Circle the rate for each child age 21-25. Note: children over age 25 must purchase their own health insurance.
- Add all individual rates together to determine your family premium.

Example family premium calculation

Bob and Kristin are married with 3 kids—Olivia, 15, Sydney, 17 and Ethan, 23. They want to calculate their family's monthly premium for the BlueChoice HMO Silver $3,500 plan.

Using the rate chart, they find their plan's column and circle:

- Olivia and Sydney's rate in their age row (0-20)— because both daughters fall in the same age row, they make a note to add that rate twice, once for each daughter
- Ethan's rate in his age row (23)
- Kristin's rate in her age row (48)
- Bob's rate in his age row (53)

They add everything up at the bottom of the page - that's the final rate for BlueChoice HMO Silver $3,500 plan.

Northern Virginia

Age	BlueChoice HMO Silver $3,500
0-20	$217.16 x2
21	$341.98
22	$341.98
23	$341.98
24	$341.98
25	$341.98
26	$350.19
47	$534.51
48	$559.14
49	$583.42
50	$610.78
51	$637.79
52	$667.54
53	$697.64
	$2,033.08

Remember—rates are subject to change annually.

2017 Northern Virginia Rates					
Age	Catastrophic Plan	Silver Level Plans			
	BlueChoice Young Adult** $7,150	BlueChoice HMO Silver $3,500	BlueChoice Plus Silver $2,500	BluePreferred PPO HSA Silver $2,000	BlueChoice HMO HSA Silver $1,500
0-20	$111.79	$217.16	$222.62	$232.73	$215.75
21	$176.05	$341.98	$350.59	$366.50	$339.76
22	$176.05	$341.98	$350.59	$366.50	$339.76
23	$176.05	$341.98	$350.59	$366.50	$339.76
24	$176.05	$341.98	$350.59	$366.50	$339.76
25	$176.75	$343.35	$351.99	$367.97	$341.12
26	$180.28	$350.19	$359.00	$375.30	$347.91
27	$184.50	$358.40	$367.42	$384.09	$356.07
28	$191.37	$371.73	$381.09	$398.39	$369.32
29	$197.00	$382.68	$392.31	$410.11	$380.19
30	$199.82	$388.15	$397.92	$415.98	$385.63
31	$204.04	$396.35	$406.33	$424.77	$393.78
32	$208.27	$404.56	$414.75	$433.57	$401.94
33	$210.91	$409.69	$420.01	$439.07	$407.03
34	$213.72	$415.16	$425.62	$444.93	$412.47
35	$215.13	$417.90	$428.42	$447.86	$415.19
36	$216.54	$420.64	$431.23	$450.80	$417.90
37	$217.95	$423.37	$434.03	$453.73	$420.62
38	$219.36	$426.11	$436.84	$456.66	$423.34
39	$222.18	$431.58	$442.44	$462.52	$428.78
40	$224.99	$437.05	$448.05	$468.39	$434.21
41	$229.22	$445.26	$456.47	$477.18	$442.37
42	$233.27	$453.12	$464.53	$485.61	$450.18
43	$238.90	$464.07	$475.75	$497.34	$461.05
44	$245.94	$477.75	$489.77	$512.00	$474.64
45	$254.22	$493.82	$506.25	$529.23	$490.61
46	$264.08	$512.97	$525.89	$549.75	$509.64
47	$275.17	$534.51	$547.97	$572.84	$531.04
48	$287.84	$559.14	$573.21	$599.23	$555.51
49	$300.34	$583.42	$598.11	$625.25	$579.63
50	$314.43	$610.78	$626.15	$654.57	$606.81
51	$328.33	$637.79	$653.85	$683.52	$633.65
52	$343.65	$667.54	$684.35	$715.41	$663.21
53	$359.14	$697.64	$715.20	$747.66	$693.11
54	$375.87	$730.13	$748.51	$782.48	$725.39
55	$392.59	$762.62	$781.82	$817.30	$757.66
56	$410.72	$797.84	$817.93	$855.04	$792.66
57	$429.03	$833.41	$854.39	$893.16	$828.00
58	$448.58	$871.37	$893.30	$933.84	$865.71
59	$458.26	$890.17	$912.59	$954.00	$884.40
60	$477.80	$928.13	$951.50	$994.68	$922.11
61	$494.70	$960.96	$985.16	$1,029.87	$954.73
62	$505.79	$982.51	$1,007.25	$1,052.95	$976.13
63	$519.70	$1,009.52	$1,034.94	$1,081.91	$1,002.97
64	$528.15	$1,025.94	$1,051.77	$1,099.50	$1,019.28
65+*	$528.15	$1,025.94	$1,051.77	$1,099.50	$1,019.28
		$	$	$	$

* If you are age 65 or older, you can only apply if you are NOT eligible for Medicare.

Rates are valid January 1–December 31, 2017 only.

2017 Northern Virginia Rates		
Age	Gold Level Plans	
	HealthyBlue HMO Gold $1,000	HealthyBlue PPO Gold $1,000
0-20	$248.44	$277.17
21	$391.24	$436.49
22	$391.24	$436.49
23	$391.24	$436.49
24	$391.24	$436.49
25	$392.80	$438.24
26	$400.63	$446.97
27	$410.02	$457.44
28	$425.28	$474.46
29	$437.80	$488.43
30	$444.06	$495.42
31	$453.45	$505.89
32	$462.84	$516.37
33	$468.71	$522.92
34	$474.97	$529.90
35	$478.10	$533.39
36	$481.23	$536.88
37	$484.36	$540.37
38	$487.49	$543.87
39	$493.74	$550.85
40	$500.00	$557.83
41	$509.39	$568.31
42	$518.39	$578.35
43	$530.91	$592.32
44	$546.56	$609.78
45	$564.95	$630.29
46	$586.86	$654.74
47	$611.51	$682.23
48	$639.68	$713.66
49	$667.46	$744.65
50	$698.75	$779.57
51	$729.66	$814.05
52	$763.70	$852.03
53	$798.13	$890.44
54	$835.30	$931.91
55	$872.47	$973.37
56	$912.76	$1,018.33
57	$953.45	$1,063.73
58	$996.88	$1,112.18
59	$1,018.40	$1,136.18
60	$1,061.83	$1,184.63
61	$1,099.38	$1,226.54
62	$1,124.03	$1,254.04
63	$1,154.94	$1,288.52
64	$1,173.72	$1,309.47
65+*	$1,173.72	$1,309.47

Finding your rate

For each plan you're interested in, find your age and corresponding rate.

1. Find the age rows in the plan column and circle the rates for:
   - ☐ You
   - ☐ Your spouse (if applicable)
   - ☐ Your three oldest kids under age 21 (all are covered, but only three count toward overall rate)
   - ☐ All kids ages 21-25
2. Add everyone's rates together

IMPORTANT: The ACA requires everyone have health coverage that meets ACA requirements at all times. Going without coverage for more than three months could mean you have to pay a tax penalty when you file your taxes with the IRS. Keep in mind—if you miss Open Enrollment, you can only buy health insurance for the rest of 2017 if you meet the qualifying life event criteria (marriage, new baby, layoff, etc.).

* If you are age 65 or older, you can only apply if you are NOT eligible for Medicare.
** Only available for enrollment to people under the age of 30, unless they have received certification from an Exchange that they are exempt from the individual mandate because they do not have an affordable coverage option or because they qualify for a hardship exemption. Visit your public Exchange for more details.

Three ways to enroll in your new CareFirst plan

Once you decide on the CareFirst plan that works best for your needs, all that's left to do is enroll. If you qualify for a subsidy, you must purchase your plan through the federal government at **www.healthcare.gov.**

1 Enroll online at **www.carefirst.com/individual**

- Get instant confirmation
- Have access to real-time help via:
  - ☐ Click-to-Call
  - ☐ Click-to-Chat
  - ☐ Chloe, our digital rep!

2 Fill out and mail the enclosed paper application using the pre-paid envelope. We'll mail you a confirmation and a bill.

3 Enroll through your broker, if you have one. A broker is an independent agent who represents you (the buyer) and works to find you the best health insurance policy for your needs.

Open Enrollment is November 1, 2016–January 31, 2017.

When your coverage will start

When you enroll through CareFirst, your **EFFECTIVE DATE** is the date your coverage begins. If you choose a new plan for 2017 and want coverage to start on January 1, 2017, you must enroll by December 15, 2016.

If you are enrolling through the federal Marketplace, please be sure to contact them to confirm your effective date.

Paying for your plan

If you buy CareFirst coverage directly from us online, you can make an immediate payment using your checking account or credit/debit card. If you buy CareFirst coverage through the Marketplace, or if you apply with the paper application included in this book, you will be mailed a bill after enrollment. Please wait for your bill before making a payment.

Learn more about payment options by visiting **www.carefirst.com/paymentoptions**.

Convenient e-Billing

If you set up automated monthly premium payments, your first payment and each remaining payment, will be withdrawn from your bank account and sent to CareFirst automatically. You can set up recurring payments at **www.carefirst.com/myaccount** after you become a member.

HEALTH CARE REFORM: UNDERSTAND AND AVOID THE PENALTY!

Avoid the penalty and enroll during Open Enrollment, November 1, 2016–January 31, 2017.

If you can afford health insurance and choose not to buy it, you must have a health coverage exemption or pay a financial penalty. If you don't have coverage in 2017, you'll pay a tax penalty. Visit **www.irs.gov** to learn more.

Additional Information

Glossary

Here's a quick reference guide to many of the terms used in this book. For more glossary terms, visit our YouTube channel videos at **www.youtube.com/carefirst**.

Allowed benefit—The maximum dollar amount an insurer will pay for a covered health service, regardless of the provider's actual charge. A provider who participates in the CareFirst BlueCross BlueShield or BlueChoice network cannot charge members more than the allowed benefit amount for any covered service.

Catastrophic plan—Catastrophic plans, like our BlueChoice Young Adult plan, usually have lower premiums than a comprehensive plan, but have higher deductibles. The BlueChoice Young Adult plan is available to individuals under the age of 30 at the time of their effective date. Please note, certain individuals age 30 or older may also apply for BlueChoice Young Adult if their policies were cancelled due to non-compliance with the Affordable Care Act or if they qualify for a hardship exemption.

Coinsurance—the percentage you pay after you've met your deductible. For example, if your health care plan has a 30% coinsurance and the allowed benefit is $100 (the amount a provider can charge a CareFirst member for that service), then your cost would be $30. CareFirst would pay the remaining $70.

Convenience care centers/retail health clinics—tend to be located inside a pharmacy or retail store and offer fast access to treatment for non-emergency care. These centers/clinics offer extended weekend hours and can often see you quickly.

Copay—a fixed dollar amount you pay when you visit a doctor or other provider. For example, you might pay $40 each time you visit a specialist or $300 when you visit the emergency room.

Deductible—the amount of money you must pay each year before CareFirst begins to pay its portion of your claims. For example, if your deductible is $1,000, you'll pay the first $1,000 for health care services covered by your plan and subject to the deductible. CareFirst will start paying for part or all of the services after that. Your deductible will start over each year on January 1. Please note—many of our plans include a variety of services that do not require you to meet the deductible before CareFirst begins paying.

Effective date—the date your coverage begins. Individuals applying through CareFirst's site must submit their application by the 15th of the month in order to receive an effective date of the first of the following month.

Generic drugs—prescription drugs that work the same as brand-name drugs but cost much less. To learn more about generics and how you can save money, visit **www.carefirst.com/acarx.**

Health Maintenance Organization (HMO)—BlueChoice HMO plans offer the flexibility to see any of the nearly 37,000 participating providers in the BlueChoice network. Outside of our network, only emergency medical services are covered.

Health Savings Account (HSA)— a special, tax-advantaged account that you set up to save money for current and future health care expenses. The deposits you make to your HSA reduce your taxable income, helping you keep more of your hard-earned money. You can use the money you deposit into your HSA to pay the deductible and other out-of-pocket expenses for you, your spouse and your dependents (even if they're not enrolled in your health care plan) or you can save it for future health care expenses. If you have coverage for your spouse or family, the maximum amount that you can contribute to your HSA is even higher and can reduce your taxable income by whatever amount you contribute.

Metal levels—your plan's metal level refers to the rating criteria determined by the federal government. Bronze, Silver, Gold and Platinum are labels that categorize different health plans and represent the portion of services that will be paid for by the plan. Generally, a Bronze plan will cover 60 percent of the cost of all covered services; a Silver plan 70 percent; a Gold plan 80 percent; and a Platinum plan 90 percent.

One other option that's not included in any metal level is BlueChoice Young Adult. This plan is for individuals under age 30.

Non-preferred brand drugs—drugs that are often available in less expensive forms, either as generic or preferred brand drugs. You will pay more for this category of drugs.

Open Enrollment—the only time of year in which individuals are able to enroll or switch health plans without qualifying for a special enrollment period. Individuals applying through CareFirst's website must submit their application by the 20th of the month in order to receive an effective date of the first of the following month.

Out-of-pocket maximum—the most you will have to pay for medical expenses and prescriptions in a calendar year. Your out-of-pocket maximum will start over every January 1. Please note: your monthly premium payments do not count toward your out-of-pocket maximum.

Point of Service (POS)—POS plans offer access to care in the HMO network for the lowest costs and in the PPO network, which will be slightly more expensive. Nationwide care (outside of Maryland, Virginia and D.C.) is also available, but will cost you more.

Preferred brand drugs—drugs not yet available in generic form chosen for their effectiveness and affordability compared to alternatives. They cost more than generics but less than non-preferred brand drugs.

Preferred Provider Organization (PPO)—BluePreferred PPO plans offer the most flexibility. Care can be accessed from the PPO network of approximately 42,000 providers locally and thousands nationally. Costs will be higher if you see a doctor who does not participate with a Blue Cross and Blue Shield plan.

Premium—the amount you pay each month for your plan, or policy, based on where you live, number and age of covered family members and the plan you choose.

Primary care provider (PCP)—your health care partner. They know and understand you and your health care needs.

Specialty drugs—the highest priced drugs that may require special handling, administration or monitoring. These drugs may be oral or injectable and are used to treat serious or chronic conditions.

Our commitment to you

CareFirst's privacy practices

The following statement applies to Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield, and to CareFirst BlueChoice, Inc., and their affiliates (collectively, CareFirst).

When you apply for any type of insurance, you disclose information about yourself and/or members of your family. The collection, use and disclosure of this information is regulated by law. Safeguarding your personal information is something that we take very seriously at CareFirst. CareFirst is providing this notice to inform you of what we do with the information you provide to us.

Categories of personal information we may collect

We may collect personal, financial and medical information about you from various sources, including:

- Information you provide on applications or other forms, such as your name, address, social security number, salary, age and gender.
- Information pertaining to your relationship with CareFirst, its affiliates or others, such as your policy coverage, premiums and claims payment history.
- Information (as described in preceding paragraphs) that we obtain from any of our affiliates.
- Information we receive about you from other sources, such as your employer, your provider and other third parties.

How your information is used

We use the information we collect about you in connection with underwriting or administration of an insurance policy or claim or for other purposes allowed by law. At no time do we disclose your personal, financial and medical information to anyone outside of CareFirst unless we have proper authorization from you or we are permitted or required to do so by law. We maintain physical, electronic and procedural safeguards in accordance with federal and state standards that protect your information.

In addition, we limit access to your personal, financial and medical information to those CareFirst employees, brokers, benefit plan administrators, consultants, business partners, providers and agents who need to know this information to conduct CareFirst business or to provide products or services to you.

Disclosure of your information

In order to protect your privacy, affiliated and nonaffiliated third parties of CareFirst are subject to strict confidentiality laws. Affiliated entities are companies that are a part of the CareFirst corporate family and include health maintenance organizations, third party administrators, health insurers, long-term care insurers and insurance agencies. In certain situations related to our insurance transactions involving you, we disclose your personal, financial and medical information to a nonaffiliated third party that assists us in providing services to you. When we disclose information to these critical business partners, we require these business partners to agree to safeguard your personal, financial and medical information and to use the information only for the intended purpose and to abide by the applicable law. The information CareFirst provides to these business partners can only be used to provide services we have asked them to perform for us or for you and/or your benefit plan.

Changes in our Privacy Policy

CareFirst periodically reviews its policies and reserves the right to change them. If we change the substance of our privacy policy, we will continue our commitment to keep your personal, financial and medical information secure – it is our highest priority. Even if you are no longer a CareFirst customer, our privacy policy will continue to apply to your records. You can always review our current privacy policy online at **www.carefirst.com.**

Rights and responsibilities

Notice of Privacy Practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (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. This 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 an additional copy of our Notice of Privacy Practices, go to **www.carefirst.com** and click on *Legal Mandates* at the bottom of the page, click on *Patient Rights & Responsibilities* then click on *Member's Privacy Policy.*

Member satisfaction

CareFirst wants to hear your concerns and/or complaints so that they may be resolved. We have procedures that address medical and non-medical issues. If a situation should occur for which there is any question or difficulty, here's what you can do:

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.
- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:
  - ☐ Send an email to: **quality.care.complaints@carefirst.com**
  - ☐ Fax a written complaint to: 301-470-5866
  - ☐ Write to: **CareFirst BlueCross BlueShield/ CareFirst BlueChoice, Inc. 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.

If you wish, you may also contact the appropriate regulatory department regarding your concern:

Virginia Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
Toll-free within Virginia: 800-552-7945
804-371-9691

Complaint Intake
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1463
Toll free: 800-955-1819
Richmond metropolitan area: 804-367-2106
Fax: 804-527-4503
E-mail: mchip@vdh.virginia.gov

For assistance in resolving a billing or payment dispute with the health plan or a health care provider, contact the Office of the Managed Care Ombudsman, Bureau of Insurance at:

Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
Toll-free: 877-310-6560
804-371-9032
Email: ombudsman@scc.virginia.gov

Hearing impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below.

National Capital Area TTY: 202-479-3546
Please have your member ID number ready.

Language assistance

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

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

Confidentiality of subscriber/member information

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

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes Protected Health Information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your health care, we are permitted to use and disclose (give out) your information for these purposes. Sometimes we are even required by law to disclose your information in certain situations. You also have certain rights to your own protected health information on your behalf.

Our responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policy holders upon enrollment.

Your rights

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

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.
- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at 800-853-9236 or send an email to: **privacy.office@carefirst.com.**

Members' Rights and Responsibilities Statement

Members have the right to:

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

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay copayments or coinsurance at the time of service.
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

Eligible Individuals' Rights Statement Wellness and Health Promotion Services

Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

Experimental/investigational services

Experimental/investigational means services that are not recognized as efficacious as that term is defined in the edition of the Institute of Medicine Report on Assessing Medical Technologies that is current when the care is rendered. Experimental/investigational services do not include controlled clinical trials.

Compensation and premium disclosure statement

Our compensation to providers who offer health care services and behavioral health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

The following information applies to Group Hospitalization and Medical Services, Inc. doing business as CareFirst BlueCross BlueShield, and to CareFirst BlueChoice, Inc., and their affiliates (collectively, CareFirst).

If you desire additional information about our methods of paying providers, or if you want to know which method(s) apply to your physician, please call our Member Services Department at the number listed on your member ID card, or write to:

For plans underwritten by CareFirst BlueChoice, Inc. and Group Hospitalization and Medical Services, Inc.

CareFirst BlueCross BlueShield
CareFirst BlueChoice, Inc.
840 First Street, NE
Washington, D.C. 20065
Attention: Member Services

A. Methods of paying physicians

The following definitions explain how insurance carriers may pay physicians (or other providers) for your health care services.

The examples show how Dr. Jones, an obstetrician/gynecologist, would be compensated under each method of payment.

Salary: A physician (or other provider) is an employee of the HMO and is paid compensation (monetary wages) for providing specific health care services.

Since Dr. Jones is an employee of an HMO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing prenatal care to Mrs. Smith, who is a member of the HMO, Dr. Jones' salary is unchanged. Although Mrs. Smith's baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have an effect upon Dr. Jones' salary.

Capitation: A physician (or group of physicians) is paid a fixed amount of money per month by an HMO for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services that an individual patient requires.

Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.

Fee-for-service: A physician (or other provider) charges a fee for each patient visit, medical procedure, or medical service provided. An HMO pays the entire fee for physicians it has under contract and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder.

Dr. Jones' contract with the insurer or HMO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.

Discounted fee-for-service: Payment is less than the rate usually received by the physician (or other provider) for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs and the physician (or other provider), who usually gets an increased volume of patients.

Like fee-for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each patient visit and each delivery; but under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs, Dr. Jones will be paid a discounted rate by the insurer or HMO.

Bonus: A physician (or other provider) is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs and use of services.

An HMO rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.

Case rate: The HMO or insurer and the physician (or other provider) agree in advance that payment will cover a combination of services provided by both the physician (or other provider) and the hospital for an episode of care.

This type of arrangement stipulates how much an insurer or HMO will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from the insurer or HMO for the care provided to Mrs. Smith.

B. Percentage of provider payment methods

CareFirst BlueChoice, Inc. is a network model HMO and contracts directly with the primary care and specialty care providers. According to this type of arrangement, CareFirst BlueChoice, Inc. reimburses providers primarily on a discounted fee-for-service payment method. The provider payment method percentages for CareFirst BlueChoice, Inc. are approximately 99% discounted fee-for-service with less than 1% capitated.

For its Indemnity and Preferred Provider Organization (PPO) plans, CareFirst of Maryland, Inc. and CareFirst BlueCross BlueShield contract directly with physicians. All physicians are Reimbursed on a discounted fee-for-service basis.

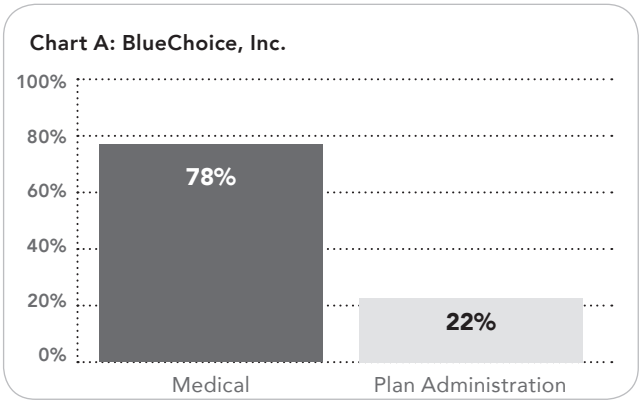
C. Distribution of premium dollars

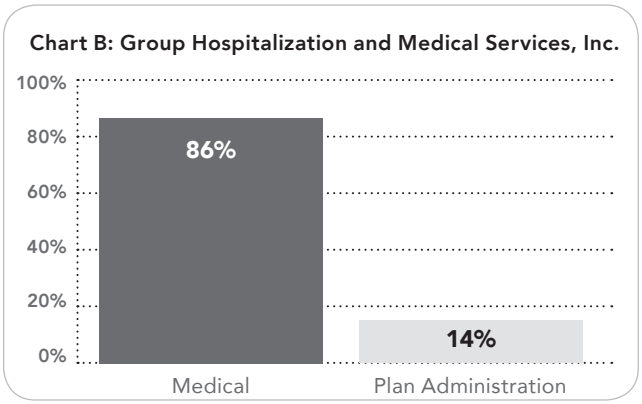
The bar graph at right illustrates the proportion of every $100 in premium used by CareFirst to pay physicians (or other providers) for medical care expenses and the proportion used to pay for plan administration.

Chart A represents an average for all CareFirst BlueChoice, Inc. HMO accounts based on our annual statement. The ratio of direct medical care expenses to plan administration will vary by account.

Chart B represents an average for all Group Hospitalization and Medical Services, Inc. indemnity accounts based on our annual statement. The ratio of direct medical care expenses to plan administration will vary by account.

The composite distribution presented in this disclosure is presented pursuant to the requirements of Virginia law, and may differ from calculations of federal medical loss ratio for a carrier in a particular market under the requirements of the Patient Protection and Affordable Care Act, based on accounting differences in the formulae used.





Notice of nondiscrimination and availability of language assistance services

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (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 aids 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 that 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:

Telephone Number	410-528-7820
Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Fax Number	410-505-2011
Email Address	civilrightscoordinator@carefirst.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

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**.

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 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) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኽን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtétíléko: Àkíyèsí yìí ní ìwífún nípa isé adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésè ní àwọn ọjọ gbèdéke kan. O ni ètọ láti gba ìwífún yìí àti ìrànlọwọ ní èdè rẹ lọfèé. Àwọn ọmọ-ẹgbé gbọdọ pe nọmbà fóònù tó wà léyìn káàdì ìdánimọ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasè ìjíròrò títí a ó fi so fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, so èdè tí o fé a ó sì so ó pò mó 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 сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों 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।

Bàsɔ́ɔ̀-wùdù (Bassa) Tò Đùǔ Cáo! Bɔ̌ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fǔà-fǔá-tìǐn nyɛɛ jè dyí. Bɔ̌ nìà kɛ ɓédé wé jɛ́ɛ́ ɓě ɓɛ́ m̀ ké dɛ wa mɔ́ m̀ ké nyuɛɛ nyu hwè ɓɛ́ wé ɓěa ké zi. Ɔ mɔ̀ nì kpé ɓɛ́ m̀ ké bɔ̌ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé dé nì ɓídí-wùdù mú ɓɛ́ m̀ ké se wídí dɔ̀ péè̀. Kpooɔ̀ nyɔ ɓě mɛ dá fǔùn-nɔ̀ɓà nìà dé waà I.D. káàɔ̀ dein nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ dá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔ̀à 0 kɛɛ dyi pàdàìn hwè. Ɔ jǔ ké nyɔ dɔ̀ dyi m̀ gɔ̌ jǔǐn, po wudu m̀ mɔ́ poɛ dyiɛ, ké nyɔ dɔ̀ mu ɓó nììn ɓɛ́ ɔ ké nì wudɔ̀ mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে 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 না 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 855-258-6518پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک 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 شناسایی‌شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518تماس 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 للآخرين الاتصال على الرقم 855-258-6518والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم .0 عند إجابة أحد الوكلاء، اذكر 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識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) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a

n’asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n’azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa 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 아니신 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

2017 Virginia Policy Form Numbers:

BlueChoice HMO Young Adult $7,150
VA/CFBC/DB/HMO (1/17); VA/CFBC/EXC/HMO/YA SOB (1/17)

BlueChoice HMO Silver $3,500
VA/CFBC/DB/HMO (1/17); VA/CFBC/EXC/HMO/SIL 3500 (1/17)

BlueChoice HMO HSA Silver $1,500
VA/CFBC/DB/HMO (1/17); VA/CFBC/EXC/HMO HSA/SIL 1500 (1/17)

HealthyBlue HMO Gold $1,000
VA/CFBC/DB/HMO (1/17); VA/CFBC/EXC/HB HMO/GOLD 1000 (1/17)

BlueChoice Plus Silver $2,500
VA/CFBC-CF/DB/BC PLUS (1/17); VA/CFBC-CF/EXC/BC+/SIL 2500 (1/17)

BluePreferred PPO HSA Silver $2,000
VA/CF/DB/BP (1/17); VA/CF/EXC/BP HSA/SIL 2000 (1/17)

HealthyBlue PPO Gold $1,000
VA/CF/DB/BP (1/17); VA/CF/EXC/HB PPO/GOLD 1000 (1/17)

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