



Consumer Health Insurance Plans 2018

For people in Northern Virginia who buy their own insurance

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. For 2018, CareFirst offers the following plans:

- BlueChoice HMO Young Adult \$7,350*
- BlueChoice HMO Silver \$3,500
- BluePreferred PPO Silver \$3,500
- HealthyBlue HMO Gold \$1,000
- HealthyBlue PPO Gold \$1,000



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 80 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 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

*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 state's Exchange for more details.

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Before You Choose a Plan

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 higher deductibles than other metal level plans.

In Northern Virginia, CareFirst offers plans in the following metal levels:

- Silver
- Gold

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



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 carefirst.com/individual. If you do qualify, you must purchase your plan through the federal Marketplace at healthcare.gov.

Note: If you are an existing member and you qualified for financial assistance in 2017 and did not elect automatic reassessment, you need to contact the the Marketplace and be re-evaluated for financial assistance for 2018 during Open Enrollment from November 1–December 15, 2017.

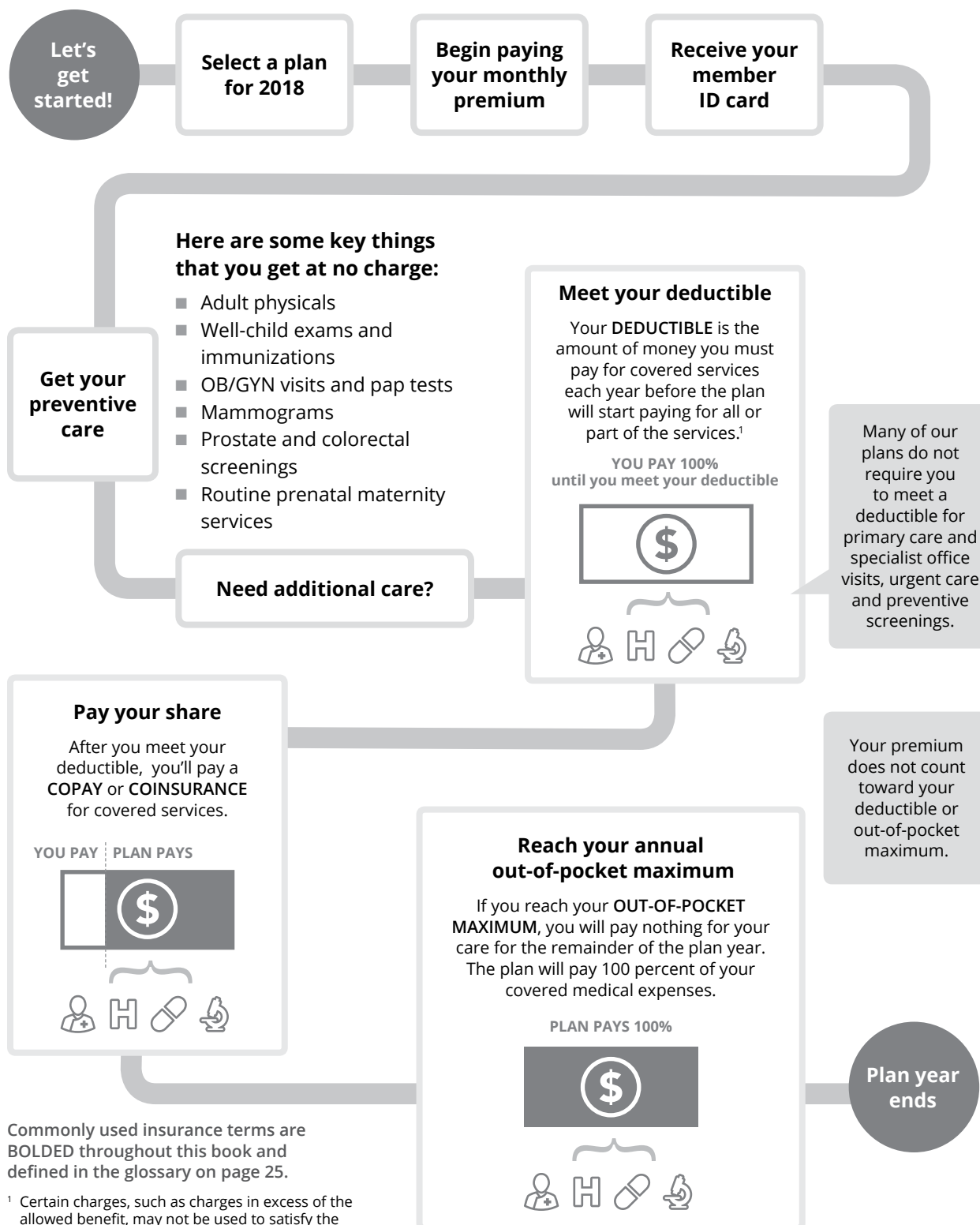


Individuals earning up to \$48,240 and a family of four earning up to \$98,400 can qualify for financial assistance to help pay for their health insurance premiums.

*income based on 2017 federal poverty levels

How Health Insurance Works

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



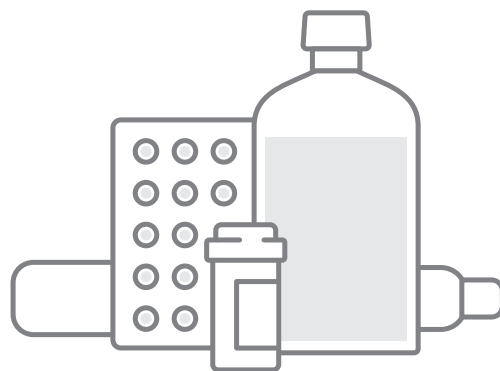
Commonly used insurance terms are **BOLDED** throughout this book and defined in the glossary on page 25.

¹ Certain charges, such as charges in excess of the allowed benefit, may not be used to satisfy the deductible. Please see your contract for more information.

Included with Every CareFirst Plan

CareFirst health plans are designed with your health in mind. All individual and family plans 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

As a CareFirst member, your prescription coverage includes:

- A nationwide network of more than 69,000 participating pharmacies.
- Approximately 5,000 covered prescription drugs on our formulary (drug list), divided into tiers. The price you pay for a drug is determined by the tier it falls into.
 - **Generic Drugs (Tier 1)**—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 (Tier 2)**—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.
 - **Non-Preferred Brand-Name Drugs (Tier 3)**—These drugs are often available in less-expensive forms, either as generics or preferred brand drugs. You will pay more for drugs in this tier. If you choose a non-preferred drug when a generic is available, you will pay the non-preferred copay along with the difference in price between the generic and non-preferred drug.
 - **Preferred Specialty Drugs (Tier 4)**—Consist of generic and brand-name drugs used to treat chronic, complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
 - **Non-Preferred Specialty Drugs (Tier 5)**—These specialty drugs have a more cost-effective preferred generic or brand specialty drug alternative available.
- Mail Service Pharmacy, our convenient and fast mail order drug program.
 - Save 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.
- Personalized care management notices detailing cost savings opportunities, safety alerts and important drug information.



We've included more information on prescription benefits by health plan in the fold-out chart included with this book. Our drug list formulary can be found at carefirst.com/acarx.

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. You and your covered spouse or domestic partner can each earn \$150 for completing four steps within 120 days from the date your coverage started.

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.



Four steps to earn your reward



Select
a primary care
provider (PCP)



Consent
to receive
wellness emails



Answer
an online health
assessment



Complete
a health
screening

You can visit your PCP or a CVS MinuteClinic to complete your health screening! For more information on the steps and the program, visit carefirst.com/bluerewards. To earn your reward, you must select a PCP who participates in our Patient-Centered Medical Home (PCMH) program.

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 year¹
- 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 exam¹ per calendar year
- Discounts² 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

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

[†] Davis Vision is an independent company.

¹ Exam is subject to deductible for children under age 19 and for members enrolled in the BlueChoice Young Adult plan.

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

CVS MinuteClinic is an independent company that provides medical services to CareFirst members.

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.

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 You Pay	Out-of-Network You Pay
Cost	Included in your medical plan premium—no additional monthly charge	
Deductible	\$25 per Individual per calendar year (applies to Classes II, III & IV)	\$50 per 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 \$7,350 plan only.

On the go? Download our mobile app. Using any mobile device, you can:

- Search for providers and urgent care centers
- 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
- View claims and deductible information

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



	BlueDental Preferred	
	In-Network You Pay (<i>Out-of-Network coverage available</i>)	
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)— <i>Fillings, simple extractions, non-surgical periodontics</i>	20% of Allowed Benefit** after deductible	
Major Services—Surgical (Class III) <i>Surgical periodontics, endodontics, oral surgery</i>	20% of Allowed Benefit** after deductible	
Major Services—Restorative (Class IV) <i>Inlays, onlays, dentures, crowns</i>	50% of Allowed Benefit** after deductible	
Orthodontic Services (Class V) <i>(up to age 19)</i>	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 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.

	Dental HMO ¹	Preferred Dental
	In-Network Only You Pay	In-Network You Pay (Out-of-Network coverage available)
Individual Cost Per Day	Less than \$.40	Less than \$.65
Deductible	None	None
Annual Maximum	No maximum	No maximum
Network	Over 580 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) (up to age 19)	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, including an application, just mail in the postage-paid card attached here.

If you'd like to talk to a dental product consultant, please call 855-503-4862.

Mail this card for more 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
<input type="checkbox"/> BlueDental Preferred
<input type="checkbox"/> Dental HMO
<input type="checkbox"/> Preferred Dental

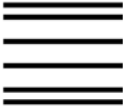
NAME: _____

ADDRESS: _____

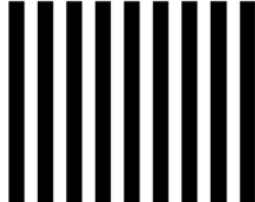
CITY: _____

STATE: _____ ZIP: _____

CareFirst  
Family of health care plans



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IN THE
UNITED STATES



BUSINESS REPLY MAIL
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10455 MILL RUN CIRCLE
OWINGS MILLS MD 21117-9782



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 will discuss your symptoms with you and recommend the most appropriate care.

CareFirst Video Visit

See a doctor 24/7/365 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 carefirstvideovisit.com 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 your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. This chart shows how costs* (copays) vary for a sample health plan depending on where you choose to get care. Visit carefirst.com/needcare for more information.

Setting	Sample cost	Sample symptoms	24/7	Prescriptions
 Video visit	\$20	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear infection 	✓	✓
 Convenience care	\$20	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear infection 	✗	✓
 Urgent care	\$60	<ul style="list-style-type: none"> ■ Sprains ■ Cut requiring stitches ■ Minor burns 	✗	✓
 Emergency room	\$200	<ul style="list-style-type: none"> ■ 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.

Choosing 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, find the plan(s) you are considering and circle the dollar amount that corresponds with how old you will be when your coverage begins (i.e. your age on January 1, 2018). 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.



2018 Northern Virginia Rates					
Age	Catastrophic Plan	Silver Level Plans		Gold Level Plans	
	BlueChoice Young Adult* \$7,350	BlueChoice HMO Silver \$3,500	BluePreferred PPO Silver \$3,500	HealthyBlue HMO Gold \$1,000	HealthyBlue PPO Gold \$1,000
0-14	\$200.75	\$341.47	\$427.72	\$391.83	\$483.79
15	\$218.60	\$371.82	\$465.74	\$426.66	\$526.79
16	\$225.42	\$383.42	\$480.28	\$439.98	\$543.23
17	\$232.24	\$395.03	\$494.81	\$453.30	\$559.67
18	\$239.59	\$407.53	\$510.47	\$467.64	\$577.38
19	\$246.94	\$420.02	\$526.12	\$481.98	\$595.09
20	\$254.55	\$432.97	\$542.34	\$496.83	\$613.43
21	\$262.42	\$446.36	\$559.11	\$512.20	\$632.40
22	\$262.42	\$446.36	\$559.11	\$512.20	\$632.40
23	\$262.42	\$446.36	\$559.11	\$512.20	\$632.40
24	\$262.42	\$446.36	\$559.11	\$512.20	\$632.40
25	\$263.47	\$448.15	\$561.35	\$514.25	\$634.93
26	\$268.72	\$457.07	\$572.53	\$524.49	\$647.58
27	\$275.02	\$467.79	\$585.95	\$536.79	\$662.76
28	\$285.25	\$485.19	\$607.75	\$556.76	\$687.42
29	\$293.65	\$499.48	\$625.64	\$573.15	\$707.66
30	\$297.85	\$506.62	\$634.59	\$581.35	\$717.77
31	\$304.14	\$517.33	\$648.01	\$593.64	\$732.95
32	\$310.44	\$528.04	\$661.43	\$605.93	\$748.13
33	\$314.38	\$534.74	\$669.81	\$613.62	\$757.62
34	\$318.58	\$541.88	\$678.76	\$621.81	\$767.73
35	\$320.68	\$545.45	\$683.23	\$625.91	\$772.79
36	\$322.78	\$549.02	\$687.71	\$630.01	\$777.85
37	\$324.88	\$552.59	\$692.18	\$634.10	\$782.91
38	\$326.98	\$556.16	\$696.65	\$638.20	\$787.97
39	\$331.17	\$563.31	\$705.60	\$646.40	\$798.09
40	\$335.37	\$570.45	\$714.54	\$654.59	\$808.21
41	\$341.67	\$581.16	\$727.96	\$666.88	\$823.38
42	\$347.71	\$591.43	\$740.82	\$678.67	\$837.93
43	\$356.10	\$605.71	\$758.71	\$695.06	\$858.17
44	\$366.60	\$623.56	\$781.08	\$715.54	\$883.46
45	\$378.93	\$644.54	\$807.35	\$739.62	\$913.19
46	\$393.63	\$669.54	\$838.67	\$768.30	\$948.60
47	\$410.16	\$697.66	\$873.89	\$800.57	\$988.44
48	\$429.06	\$729.80	\$914.14	\$837.45	\$1,033.97
49	\$447.69	\$761.49	\$953.84	\$873.81	\$1,078.87
50	\$468.68	\$797.20	\$998.57	\$914.79	\$1,129.47
51	\$489.41	\$832.46	\$1,042.74	\$955.25	\$1,179.43
52	\$512.24	\$871.29	\$1,091.38	\$999.81	\$1,234.44
53	\$535.34	\$910.57	\$1,140.58	\$1,044.89	\$1,290.10
54	\$560.27	\$952.98	\$1,193.70	\$1,093.55	\$1,350.17
55	\$585.20	\$995.38	\$1,246.82	\$1,142.21	\$1,410.25
56	\$612.23	\$1,041.36	\$1,304.40	\$1,194.96	\$1,475.39
57	\$639.52	\$1,087.78	\$1,362.55	\$1,248.23	\$1,541.16
58	\$668.65	\$1,137.33	\$1,424.61	\$1,305.09	\$1,611.36
59	\$683.08	\$1,161.88	\$1,455.36	\$1,333.26	\$1,646.14
60	\$712.21	\$1,211.42	\$1,517.42	\$1,390.11	\$1,716.33
61	\$737.40	\$1,254.27	\$1,571.10	\$1,439.28	\$1,777.04
62	\$753.93	\$1,282.39	\$1,606.32	\$1,471.55	\$1,816.89
63	\$774.66	\$1,317.65	\$1,650.49	\$1,512.01	\$1,866.84
64	\$787.26	\$1,339.08	\$1,677.33	\$1,536.60	\$1,897.20
65+**	\$787.26	\$1,339.08	\$1,677.33	\$1,536.60	\$1,897.20

* Only available for enrollment to people under the age of 30, unless they have received certification from the Marketplace 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 healthcare.gov for more details.

** 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, 2018 only.

Please note rates vary if you apply through healthcare.gov.

Four Ways to Enroll

Once you decide on the CareFirst plan that works best for your needs, all that's left to do is enroll. We offer four different ways to enroll in one of our health plans below:

1

Enroll online at carefirst.com/individual

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

2

If you think you qualify for financial assistance, you must purchase a plan through healthcare.gov. See page 3 for more information on financial assistance.

3

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

4

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.

Health Care Reform: Understand and Avoid the Penalty!

Avoid the penalty and enroll during Open Enrollment, November 1—December 15, 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 2018, you'll pay a tax penalty. Visit irs.gov to learn more.

When your coverage will start

When you enroll through CareFirst, your effective date is the date your coverage begins. If you purchase a new plan for 2018 during the annual enrollment period, your coverage will start on January 1, 2018.

If you are enrolling through the 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 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. Once you become a member, you can set up recurring payments—using a smartphone, tablet or desktop computer—at carefirst.com/myaccount or with the CareFirst mobile app.

Individual Application

2018 Health Insurance Enrollment

Virginia Residents



Group Hospitalization and Medical Services, Inc.
CareFirst BlueChoice, Inc.
840 First Street, NE, Washington, DC 20065

INSTRUCTIONS

1. Please fill out all applicable spaces on this application. Print or type all information.

2. Sign and return this application in the postage-paid return envelope if provided, or mail to:

Mailroom Administrator
P.O. Box 14651, Lexington, KY 40512

Give careful attention to all questions in this application. Accurate, complete information is necessary before your application can be processed. ***If incomplete, the application will be returned and your coverage will be delayed.***

Are you applying for new coverage or are you making changes to a current policy? Check one box.

☐ New coverage ☐ Making changes

1. PRIMARY APPLICANT INFORMATION (The primary applicant will be the Head of Household)

Last Name	First Name	Initial	Social Security #
Residence Address: (Number and Street, Apt #)	City	State	Zip Code (9-digit, if known)
Billing Address, if different: (Number and Street, Apt #)	City	State	Zip Code (9-digit, if known)
Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner	
Home Phone ()	Work/Cell Phone ()		

2. ENROLLING FAMILY MEMBER(S) (Complete only if you are enrolling a Spouse, Partner or Dependent(s) to your plan)

	Last Name	First Name	M.I.	Relationship	Social Security #	Date of Birth	Sex
Spouse							<input type="checkbox"/> M <input type="checkbox"/> F
Domestic Partner							<input type="checkbox"/> M <input type="checkbox"/> F
Dependent 1							<input type="checkbox"/> M <input type="checkbox"/> F
Dependent 2							<input type="checkbox"/> M <input type="checkbox"/> F
Dependent 3							<input type="checkbox"/> M <input type="checkbox"/> F
Dependent 4							<input type="checkbox"/> M <input type="checkbox"/> F
Dependent 5							<input type="checkbox"/> M <input type="checkbox"/> F
Dependent 6							<input type="checkbox"/> M <input type="checkbox"/> F
Dependent 7							<input type="checkbox"/> M <input type="checkbox"/> F
Dependent 8							<input type="checkbox"/> M <input type="checkbox"/> F

CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc.
CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association.
* Registered trademark of the Blue Cross and Blue Shield Association.

3. PLAN SELECTION (Check one)			
Plan Name		Deductible	
		In-Network	Out-of-Network
Health Maintenance Organization (HMO) Plans Underwritten by CareFirst BlueChoice, Inc.			
<input type="checkbox"/>	BlueChoice HMO Young Adult \$7,350	Individual: \$7,350/Family: \$14,700	N/A
BlueChoice Young Adult is only available for individuals under age 30. Some exceptions may apply.			
<input type="checkbox"/>	BlueChoice HMO Silver \$3,500	Individual: \$3,500/Family: \$7,000	N/A
<input type="checkbox"/>	HealthyBlue HMO Gold \$1,000	Individual: \$1,000/Family: \$2,000	N/A
Preferred Provider Organization (PPO) Plans Underwritten by Group Hospitalization and Medical Services, Inc.			
<input type="checkbox"/>	BluePreferred PPO Silver \$3,500	Individual: \$3,500/Family: \$7,000	Individual: \$7,000/Family: \$14,000
<input type="checkbox"/>	HealthyBlue PPO Gold \$1,000	Individual: \$1,000/Family: \$2,000	Individual: \$2,000/Family: \$4,000
Important Deductible Information: For all plans: <u>Single party applications:</u> the Individual Deductible must be met before full benefits will begin. <u>Multi-party applications:</u> if one member on the policy meets the Individual Deductible, full benefits will begin for that member. That member will not be able to contribute more than the Individual Deductible amount towards the Family Deductible. Once the Family Deductible has been met, full benefits will be available to all members on the policy. Please Note: Coverage will begin immediately for preventive benefits as they are not subject to a deductible. Other benefits, as specified in the member contract, also may be covered without having to meet a deductible first. In-network and out-of-network (if applicable) deductible expenses will not be applied to each other.			

4. PRIMARY CARE PHYSICIAN INFORMATION

If you selected a BlueChoice or HealthyBlue HMO plan in Section 3, please select a Primary Care Physician from the CareFirst BlueChoice Directory available at www.carefirst.com/doctor. Indicate the PCP ID number for all enrolling applicants below:

Applicant Name	PCP ID
Spouse	PCP ID
Domestic Partner	PCP ID
Eligible Dependent Name(s)	PCP ID

5. COORDINATION OF BENEFITS

THE PURPOSE OF THIS SECTION IS TO COORDINATE BENEFITS APPROPRIATELY WITH OTHER CARRIERS. IF YOU HAVE OTHER INSURANCE, FAILURE TO COMPLETE THIS SECTION MAY CAUSE DELAYS IN PROCESSING ANY CLAIMS SUBMITTED.

1. Is anyone listed on this application enrolled in, covered by or eligible for Medicare?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following:				
Name of family member(s)	Medicare Number	Effective Date		
2. Is anyone listed on this application covered by other health insurance, including other Blue Cross and Blue Shield coverage?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following:				
Name of family member(s)	Insurance Company	Policy Number and Type	Effective Date	
3. Will your new CareFirst policy be replacing your existing policy? Please note a "Yes" response to this question is not sufficient as notification of policy termination.				<input type="checkbox"/> Yes <input type="checkbox"/> No

6. LIMITED OPEN ENROLLMENT ELIGIBILITY	
Do you qualify for a Limited Open Enrollment Period based on one of the triggering events listed below? If YES, please select the triggering event to determine your eligibility. You will be required to provide documentation as proof of your triggering event. If NO, please skip to Section 7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Within the last 60 days, have you married, or entered a domestic partnership? Had a birth, adopted, or been granted court-appointed testamentary of a child or qualified dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Within the last 60 days,:	
Have you experienced an error in enrollment by the Health Insurance Marketplace in Virginia or by the Department of Health and Human Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you enrolled in a qualified health plan in which the plan substantially violated a material provision of its contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your dependents become newly eligible or ineligible for subsidies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lost a dependent, or are no longer considered a dependent, due to a divorce, legal separation, or death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been released from a prison term resulting from a criminal conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were you covered under a non-calendar year group health plan or individual health insurance policy and are you within 60 days prior to or within 60 days after your policy renewal date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the next 60 days or within the last 60 days: Will your coverage through an employer-sponsored or has your coverage through an employer-sponsored plan been: discontinued, no longer provide minimum value (plan covers less than 60% actuarial value), or is unaffordable (employee contribution to plan premium of self-only coverage exceeds 9.5% of employee's household income)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Within the last 60 days, have you terminated employment and refused COBRA coverage or have you completed the full term of your COBRA coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you lost minimum essential coverage (excluding failure to pay premiums or rescissions) within the last 60 days? Or, will you lose minimum essential coverage within the next 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you experienced an error in enrollment or subsidy eligibility due to the misconduct of a non-Exchange entity? Misconduct includes failure to comply with applicable standards under state or federal law.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. In the next 60 days or within the last 60 days, have you gained access to new Qualified Health Plans as a result of a permanent move to or within our Virginia service area or were you residing outside of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Within the past 60 days, have you been the victim of domestic abuse or spousal abandonment and you are currently enrolled in other minimum essential coverage through the perpetrator of the abuse or abandonment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. CONDITIONS OF ENROLLMENT — Please Read This Section Carefully

IT IS UNDERSTOOD AND AGREED THAT:

A copy of this application is available to the Primary Applicant (or to a person authorized to act on his/her behalf) upon request from CareFirst.

To the best of my knowledge and belief, all statements made on this application are complete, true and correctly recorded. They are representations that are made to induce the issuance of, and form part of the consideration for a CareFirst policy. CareFirst will provide 30-days advance written notice of any rescission of coverage and refund any premiums to the Primary Applicant. The Member is responsible for repayment of any claim payment made by CareFirst on the Member's behalf.

If you have any questions concerning the benefits and services that are provided by or excluded under this Agreement, please contact a membership services representative before signing this application.

WARNING: ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY HAVE VIOLATED VIRGINIA STATE LAW.

The undersigned applicant and agent certify that the applicant has read, or had read to him/her, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in the loss of coverage under the policy.

Signature of Primary Applicant: X	Date
Signature of Applicant 2: X (Spouse or Domestic Partner)	Date
NOTE: Applications submitted solely on behalf of applicants under the age of 18, where payment of premium is made by the parent or legal guardian, must be signed by the parent or legal guardian.	
Parent or Legal Guardian's Signature: X	Date
Signature of Agent: X	Date

7. ELECTRONIC COMMUNICATION CONSENT

CareFirst wants to help you manage your health care information and protect the environment by offering you the option of electronic communication.

Instead of paper delivery, you can receive electronic notices about your CareFirst health care coverage through email and/or text messaging by providing your email address and/or cell phone number and consent below.

Electronic notices regarding your CareFirst health care coverage include, but are not limited to:

- Explanation of Benefits Alerts
- Reminders
- Notice of HIPAA Privacy Practices
- Certification of Creditable Coverage

You may also receive information on programs related to your existing products and services along with new products and services that may be of interest to you.

Please note: This consent for electronic communications applies to the Primary Applicant only. Spouses, domestic partners and dependents 18 years of age and older can consent to electronic communications through **www.carefirst.com/myaccount**. Members can also change email and consent information anytime by logging into **www.carefirst.com/myaccount** or by calling the customer service phone number on your ID card. You can also request a paper copy of electronic notices at any time by calling the customer service phone number on your ID card.

I understand that to access the information provided electronically through email, I must have the following:

- Internet access;
- An email account that allows me to send and receive emails; and
- Microsoft Explorer 7.0 (or higher) or Firefox 3.0 (or higher), and Adobe Acrobat Reader 4 (or higher).

I understand that to receive notices through text messaging,

- A text messaging plan with my cell phone provider is required; and
- Standard text messaging rates will apply.

Primary Applicant Name	Email Address	Cell Phone Number
	Alternate Email Address	Alternate Cell Phone Number
By checking below, I hereby agree to electronic delivery of notices, instead of paper delivery by: <input type="checkbox"/> Email only <input type="checkbox"/> Cell phone text messaging only <input type="checkbox"/> Email and cell phone text messaging		
Signature: X		

CareFirst will not sell your email or phone number to any third party and we do not share it with third parties except for CareFirst business associates that perform functions on our behalf or to comply with the law.

9. RACE, ETHNICITY, LANGUAGE (This information is voluntary)

CareFirst is asking its members to voluntarily provide their race, ethnicity and language attributes. The information provided, while voluntary, will assist us to improve quality of care and access to care thereby reducing health care disparities and promote better health outcomes. The information you provide will not have a negative impact on any services we provide you. The information is kept strictly confidential and will not be shared unless required by law to disclose it.

Race	Ethnicity	Preferred Spoken Language*		
White/Caucasian	Hispanic/Latino/Spanish origin	01 English	09 Farsi	18 Russian
Black or African American		02 Albanian	10 French (European)	19 Serbian
American Indian or Alaska Native		03 Amharic	11 Greek	20 Somali
Asian		04 Arabic	12 Gujarati	21 Spanish (Latin America)
Native Hawaiian or Other Pacific Islander		05 Burmese	13 Hindi	22 Tagalog (Filipino)
Other – (To include Multi-Racial)		06 Cantonese	14 Italian	23 Urdu
Decline to answer		07 Chinese (simplified & traditional)	15 Korean	24 Vietnamese
Unknown – Could not be determined		08 Creole (Haitian)	16 Mandarin	98 Other and unspecified languages
			17 Portuguese (Brazilian)	99 Unknown

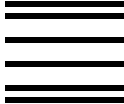
	Last Name	First Name	Race	Ethnicity	Country of Origin	Preferred Spoken Language (*specify number from above)
Primary Applicant						
Spouse						
Domestic Partner						
Dependent 1						
Dependent 2						
Dependent 3						
Dependent 4						
Dependent 5						
Dependent 6						
Dependent 7						
Dependent 8						

FOR OFFICE USE ONLY:

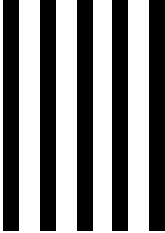
☐ Re-sign and re-date below only if box is checked.

Signature of Primary Applicant: X	Date
Signature of Applicant 2: X (Spouse or Domestic Partner)	Date
Parent or Legal Guardian's Signature: X	Date

FOR BROKER USE ONLY:	Name:	NPN #	Tax ID #	CareFirst-Assigned ID #
Contracted Broker:	EBCA		54-2015926	98D
Writing Agent:	Jonathan Katz	1585616	47-2708150	



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 11562 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

MAIL ADMINISTRATOR
PO BOX 14651
LEXINGTON KY 40512-9876



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 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.

Coinsurance—the percentage you pay after you've met your deductible. For example, if your health care plan has a 30 percent 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. If you purchase a plan during the annual open enrollment period, your new plan starts on January 1.

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 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.

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.

Non-preferred specialty drugs—specialty drugs that are likely to have a more cost-effective generic or preferred brand alternative available. This tier has the highest copayment for specialty drugs.

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.

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 specialty drugs—consists of generic and brand-name specialty drugs used to treat chronic, complex and/or rare health conditions. These drugs are generally more cost-effective than other specialty 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 Blue Shield plan.

Premium—the amount you pay each month for your plan, based on the number and ages of covered family members and the plan you choose.

Primary care provider (PCP)— the doctor you select as 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 CareFirst of Maryland, Inc. and 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 [carefirst.com](https://www.carefirst.com).

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*.

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
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:

Virginia Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
Phone: 804-371-9691

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

For assistance in resolving a billing or payment dispute with the health plan or a health care provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at:

Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
Toll free: 877-310-6560
Phone: 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, based on the region in which your coverage originates.

Virginia Relay Program: 711
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 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 file appeals about the health plan or the care provided.

Members have a responsibility to:

- Provide, to the extent possible, information that the health plan, 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 CareFirst of Maryland, Inc. and 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

For plans underwritten by CareFirst of Maryland, Inc.

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
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 percent discounted fee-for-service with less than 1 percent 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.

Chart A: BlueChoice, Inc.

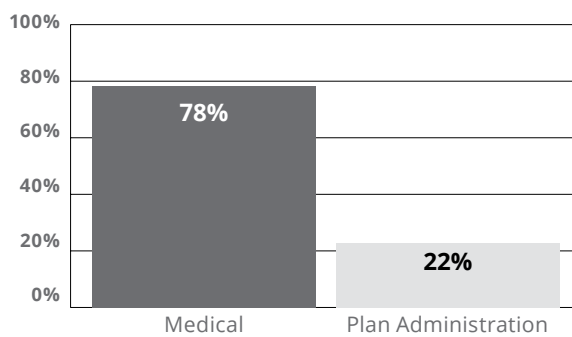
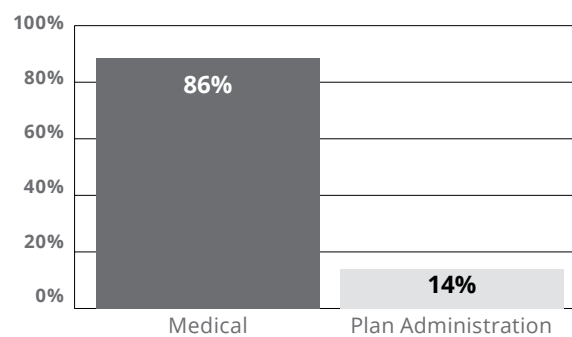


Chart B: Group Hospitalization and Medical Services, Inc.



Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - ☐ Qualified sign language interpreters
 - ☐ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - ☐ Qualified interpreters
 - ☐ Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	civilrightscordinator@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>.

NDLA (6/17)

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., First Care, Inc. and The Dental Network are independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኸን 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 Yorubá (Yoruba) Ìtẹ̀lẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déètì pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojò gbèdẹ̀kẹ̀ kan. O ni ètò láti gba iwífún yí àti irànlọ̀wọ̀ ní èdè rẹ̀ lófèfẹ̀. Àwọn ọ̀mọ-ẹ̀gbẹ̀ gbọ̀dọ̀ pẹ̀ nọmbà fòònú tò wà lẹ́yìn káàdì idánimọ̀ wọn. Àwọn mírán le pẹ̀ 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí títì a ó fí sọ̀ fún ọ̀ láti tẹ̀ 0. Nígbàtí aṣojú kan bá dáhùn, sọ̀ èdè tí o fẹ́ a ó sì sọ̀ ọ̀ pọ̀ mó ògbufọ̀ 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 nasasaklawang ng iyong insurance. Maaari itong maglaman ng mga pinakamahahalagang 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 diyologo 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।

Bàsɔ̀-wùdù (Bassa) Tò Dùù Cáo! Bǝ̀ nìà kɛ bá nyo bǝ̀ ké m̃ gbo kpá bó nì fùà-fùá-tiŋ nyɛɛ jè dyí. Bǝ̀ nìà kɛ bédé wé jéé bǝ̀ bǝ̀ m̃ kɛ dɛ wa m̃ m̃ kɛ nyuɛɛ nyu hwɛ bǝ̀ wé bǝ̀a kɛ zi. ɔ̀ m̃ nì kpé bǝ̀ m̃ kɛ bǝ̀ nìà kɛ kɛ gbo-kpá-kpá m̃ m̃ɔɛ dyé dɛ nì bídí-wùdù mú bǝ̀ m̃ kɛ se wídí dɛ pɛ́. Kpooɔ̀ nyo bǝ̀ m̃ dǝ́ fùùn-nòbà nìà dɛ waà I.D. káàò dɛín nyɛ. Nyo tòò sɛín m̃ dǝ́ nòbà nìà kɛ: 855-258-6518, kɛ m̃ m̃ fò tee bǝ̀ wa kɛ m̃ gbo cǝ́ bǝ̀ m̃ kɛ nòbà m̃à 0 kɛ dyi pàdàin hwɛ. ɔ̀ jǔ kɛ nyo dɛ dyi m̃ gǝ́ jǔín, po wudu m̃ m̃ pɔɛ dyiɛ, kɛ nyo dɛ mu bǝ́ nìin bǝ́ ɔ̀ kɛ nì wuduò 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। অন্যরা 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 855-258-6518 پر 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 شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للآخرين الاتصال على الرقم 855-258-6518 والانتظار 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) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnọchite anya zara, kwuo asusu i choro, a ga-ejikọ gi na onye okowa okwu.

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

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahólq bee éédahózin béeso ách'ááh naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisí yoolkáálgíí dóó t'áádoó le'é ádadoolyíllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowot t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó nááná'la' éi kóji' dahóoolnih 855-258-6518 dóó yíi diilts'íł yaltí'ígíí t'áá níléijí áádóó éi bikéé'dóó naasbaas bił adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yáníłt'i'ígíí yíi diikił dóó ata' halne'é lá níká'ádoowot.

Policy Form Numbers

Effective 1/1/18

BlueChoice HMO Young Adult \$7,350

VA/CFBC/DB/2018 AMEND (1/18) • VA/CFBC/DB/HMO (1/17) • VA/CFBC/DB/HMO/INCENT (R. 1/18) • VA/CFBC/EXC/HMO/YA SOB (1/18) • MVAAP (4.17)

BlueChoice HMO Silver \$3,500

VA/CFBC/DB/2018 AMEND (1/18) • VA/CFBC/DB/HMO (1/17) • VA/CFBC/DB/HMO/INCENT (R. 1/18) • VA/CFBC/EXC/HMO/SIL 3500 (1/18) • VA/CFBC/DB/HMO/INCENT (R. 1/18) • MVAAP (4.17)

BluePreferred PPO Silver \$3,500

VA/CF/DB/BP (1/17) • VA/CF/CD/2018 AMEND (1/18) • VA/CF/DB/PPO/INCENT (R. 1/18) • VA/CF/EXC/BP PPO/SIL 3500 (1/18) • MVAAP (4.17)

HealthyBlue HMO Gold \$1,000

VA/CFBC/DB/2018 AMEND (1/18) • VA/CFBC/DB/HMO (1/17) • VA/CFBC/DB/HMO/INCENT (R. 1/18) • VA/CFBC/EXC/HB HMO/GOLD 1000 (1/18) • MVAAP (4.17)

HealthyBlue PPO Gold \$1,000

VA/CF/CD/2018 AMEND (1/18) • VA/CF/DB/BP (1/17) • VA/CF/DB/PPO/INCENT (R. 1/18) • VA/CF/EXC/HB PPO/GOLD 1000 (1/18) • MVAAP (4.17)

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