



Health Benefit Options 2019

Under 65 Retirees

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Welcome

Welcome to your plan for healthy living

From preventive services to maintain your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

What's covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips and a variety of articles.

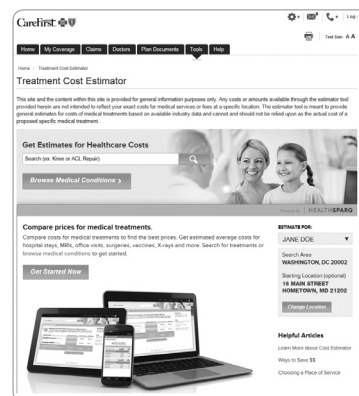


Managing your health care budget just got easier

With CareFirst's Treatment Cost Estimator, you can:

- Quickly estimate your total costs
- Avoid surprises and save money
- Plan ahead to control expenses
- Make the best care decisions for you

Visit carefirst.com to learn more!

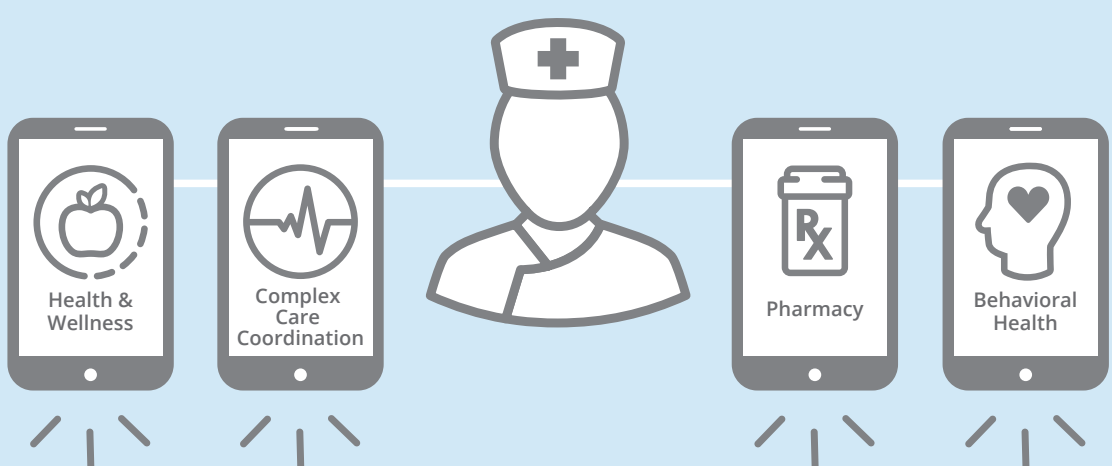


Take the Call

You know that CareFirst BlueCross BlueShield (CareFirst) provides your health benefits and processes claims, but that's not all we do. We're there for you at every step of care—and every stage, even when life throws you a curveball.

Whether you are faced with an unexpected medical emergency, managing a chronic condition like diabetes, or looking for help with a health goal such as losing weight, we offer one-on-one coaching and support programs. You may receive a letter or postcard in the mail, or a call from a nurse, health coach or pharmacy technician explaining the programs and inviting you to participate.

These programs are confidential and part of your medical benefit. They can also play a huge role in helping you through an illness or keeping you healthy. Once you decide to participate, you can choose how involved you want to be. We encourage you to connect with the CareFirst team so you can take advantage of this personal support.








CareFirst may call you to offer one-on-one support programs concerning Health & Wellness, Complex Care Coordination, Pharmacy or Behavioral Health

carefirst.com/takethecall

Take the Call

Here are a few examples of when we may contact you about these programs.
Visit carefirst.com/takethecall to learn more.

	Program name	Overview	Why it's important	Communication
	Health & Wellness	Personal coaching support to help you achieve your health goals	Health coaching can help you manage stress, eat healthier, quit smoking, lose weight and much more	Letter or phone call from a Healthways coach
	Complex Care Coordination	Support for a variety of critical health concerns or chronic conditions	Connecting you with a nurse who works closely with your primary care provider (PCP) to help you understand your doctor's recommendations, medications and treatment plans	Introduction by your PCP or a phone call from a CareFirst care coordinator (nurse)
	Hospital Transition of Care	Supporting transition from hospital to home	Help plan for your recovery after you leave the hospital, answer your questions and, based on your needs, connect you to additional services	Onsite visit or phone call from a CareFirst nurse
	Pharmacy Advisor	Managing medications for specific conditions	Understanding your condition and staying on track with appropriate medications is crucial to successfully managing your health	Letter or a phone call from a CVS Caremark pharmacy specialist
	Comprehensive Medication Review	Managing multiple medications	Talking to a pharmacist who understands your medication history can help identify any possible side effects or harmful interactions	Phone call from a CVS Caremark pharmacist
	Specialty Pharmacy Coordination	Managing specialty medications for chronic conditions	Connecting with a nurse who specializes in your condition provides additional support so you can adhere to your treatment plan for better health	Letter or phone call from a CVS Caremark specialty nurse
	Behavioral Health and Substance Use Disorder	Support for mental health and/or addiction issues	Confidential, one-on-one support to help schedule appointments, explain treatment options, collaborate with doctors and identify additional resources	Phone call from a CareFirst behavioral health care coordinator

This wellness program is administered by Healthways, an independent company that provides health improvement management services to CareFirst members.

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst members.

Summary of Benefits

Summary of Services	Preferred Providers In-Network (You Pay) ¹	Non-Preferred Providers Out-of-Network (You Pay) ²
ANNUAL DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUMS		
Deductible ■ Individual ■ Family ³	\$100 \$200	\$500 \$1,000
Out-of-Pocket Limit ■ Individual ■ Family ⁴	\$1,500 \$3,000	\$3,000 \$6,000
Lifetime Maximum Per Person	Unlimited	Unlimited
PREVENTIVE SERVICES AND OFFICE VISITS		
Routine Adult Physical Exam	No charge	30% of Allowed Benefit
Well-Child Care (including immunizations)	No charge	Plan pays 100% of Allowed Benefit
Cancer Screenings (Prostate-PSA/DRE, Pap Test, Mammogram*)	No charge	Plan pays 100% of Allowed Benefit
Office Visits	\$10 Copay	Deductible, then 30% of Allowed Benefit
Allergy Shots	\$5 Copay	Deductible, then 30% of Allowed Benefit
Allergy Testing	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Therapy	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Laboratory Tests and X-Rays	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Acupuncture (Limited to \$1,000 per year)	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Chiropractic Care	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MATERNITY SERVICES		
Prenatal & Postnatal Care	No charge	Deductible, then 30% of Allowed Benefit
Delivery and Hospitalization	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Inpatient Physician Visit	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Diagnostic Services & Lab Tests	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Nursery Care of Newborn	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Infertility Treatment (lifetime maximum of \$20,000)	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
EMERGENCY SERVICES		
Urgent Care Center	\$10 Copay	Deductible, then 30% of Allowed Benefit
Emergency Room (copay waived if admitted; copay applies to outpatient observation)	\$100 Copay, then Deductible and 20% of Allowed Benefit	Paid as in-network for bona fide medical emergencies
Physician's Office	\$10 Copay	Deductible, then 30% of Allowed Benefit
HOSPITAL ALTERNATIVES		
Home Health Care (limited to 90 visits per episode of care)	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Hospice	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Skilled Nursing Facility (limited to 60 days per calendar year)	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
HOSPITALIZATION (INCLUDES SEMI-PRIVATE ROOM ONLY)		
Inpatient Medical Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Inpatient Physician Services	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Medical Facility	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Medical Physician	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MEDICAL AND SURGICAL SERVICES		
Outpatient Specialty Physician (office visit)	\$10 copay	Deductible, then 30% of Allowed Benefit
Outpatient Surgery	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Diagnostic Tests, X-ray, Anesthesia, Lab Tests and Other Related Services	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit

Summary of Benefits

Summary of Services	Preferred Providers In-Network (You Pay) ¹	Non-Preferred Providers Out-of-Network (You Pay) ²
MISCELLANEOUS SERVICES		
Ambulance (if medically necessary)	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Medical Devices (including Durable Medical Equipment)	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Hearing Aids ⁵ (limited to \$1,000 per hearing aid every three years)	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MENTAL HEALTH AND SUBSTANCE USE DISORDER		
(Benefits will be provided at the same level as for Preventive Services and Office Visits, Hospitalization and Emergency Care for covered services rendered in connection with the diagnoses: schizophrenia, schizoaffective disorder, attention deficit hyperactivity disorder, bipolar disorder, major depressive disorder, obsessive-compulsive disorder, autism, panic disorder and drug and alcohol addiction.)		
Inpatient Hospitalization (Must be authorized in advance under Utilization Management requirements.)	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Partial Hospitalization	Deductible, then 20% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Visits	\$10 copay	Deductible, then 30% of Allowed Benefit
Custodial Care	Not covered	Not covered
Prescription Drug Card	Provided through Washington Gas' Caremark Rx Program	
DENTAL SERVICES		
Provided through Delta Dental of VA	Maximum of \$600 Annual Family Benefit	
VISION SERVICES (PROVIDED THROUGH BLUEVISION)		
Annual Routine Vision Exams	\$10 copay	Total charge minus \$33
Eyeglasses and Contact Lenses	Discounts available from Participating Providers	Not covered

¹ In-network: When you have care rendered by a provider in the Preferred Provider network. In-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueCross BlueShield (CareFirst), however, in certain circumstances, an allowance may be established by law.

² Out-of-network: When you have care rendered by a provider not in the Preferred Provider network, care is reimbursed as out-of-network. Out-of-network coinsurances are based on a percentage of the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Participating Providers have agreed to accept as payment of covered services. These payments are established by CareFirst, however, in certain circumstances, an allowance may be established by law. When services are rendered by Non-Participating Providers, charges in excess of the Allowed Benefit are the member's responsibility.

³ The Family deductible may be met by combining the eligible expenses of all eligible family members. An individual family member cannot contribute more than the Individual deductible toward meeting the Family deductible.

⁴ The Family out-of-pocket maximum may be met by combining the eligible expenses of all eligible family members. An individual family member cannot contribute more than the Individual out-of-pocket maximum toward meeting the Family out-of-pocket maximum.

⁵ Note: Hearing Aids will be covered to a maximum of \$1,000 per ear every 36 months.

* One baseline mammogram between the ages of 35-39. One screening once every 12 months beginning at age 40+.

Not all services and procedures are covered by your benefits contract. This list is a summary and is not intended to itemize every procedure not covered by CareFirst BlueCross BlueShield. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Patient-Centered Medical Home

Supporting the relationship between you and your doctor

Whether you're trying to get healthy or stay healthy, you need the best care. That's why CareFirst¹ created the Patient-Centered Medical Home (PCMH) program to focus on the relationship between you and your primary care provider (PCP).

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

Extra care for certain health conditions

If you have certain health conditions, your PCMH PCP will partner with a care coordinator, a registered nurse, to:

- Create a care plan based on your health needs with specific follow up activities
- Review your medications and possible drug interactions
- Check in with you to make sure you're following your treatment plan
- Assist you in obtaining services and equipment necessary to manage your health condition(s)



A PCP is important to your health

By visiting your PCP for routine visits, you build a relationship, and your PCP will get to know you and your medical history.

If you have an urgent health issue, having a PCP who knows your history often makes it easier and faster to get the care you need.

Even if you are young and healthy, or don't visit the doctor often, choosing a PCP is key to maintaining good health.

PCPs play a huge role in keeping you healthy for the long run. If you don't already have a relationship with a doctor, you can begin researching one today!

- To find a PCMH PCP, look for the PCMH logo when searching for primary care providers in our Provider Directory or log in to *My Account* and click *Select/Change PCP* under *Quick Links*.



Patient-Centered Medical Home is a program that focuses on the relationship between you and your doctor.



Only show me
PCMH providers

Show me all providers

¹ All references to CareFirst refer to CareFirst BlueCross BlueShield and CareFirst, BlueChoice, Inc., collectively.

Know Before You Go

Your money, your health, your decision

Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It's important to understand your options so you can make the best decision when you or your family members need care.*

Primary care provider (PCP)

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

FirstHelp—free 24-hour nurse advice line

Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

CareFirst Video Visit

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

Convenience care centers (retail health clinics)

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

Urgent care centers

Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

Emergency room (ER)

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



For more information, visit carefirst.com/needcare.

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

When you need care

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

	Sample cost	Sample symptoms	Available 24/7	Prescriptions?
Video Visit	\$20	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear infection 	✓	✓
Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$20	<ul style="list-style-type: none"> ■ Cough, cold and flu ■ Pink eye ■ Ear infection 	✗	✓
Urgent Care (e.g., Patient First or ExpressCare)	\$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.

To determine your specific benefits and associated costs:

- Log in to *My Account* at carefirst.com/myaccount
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

For more information and frequently asked questions, visit carefirst.com/needcare.



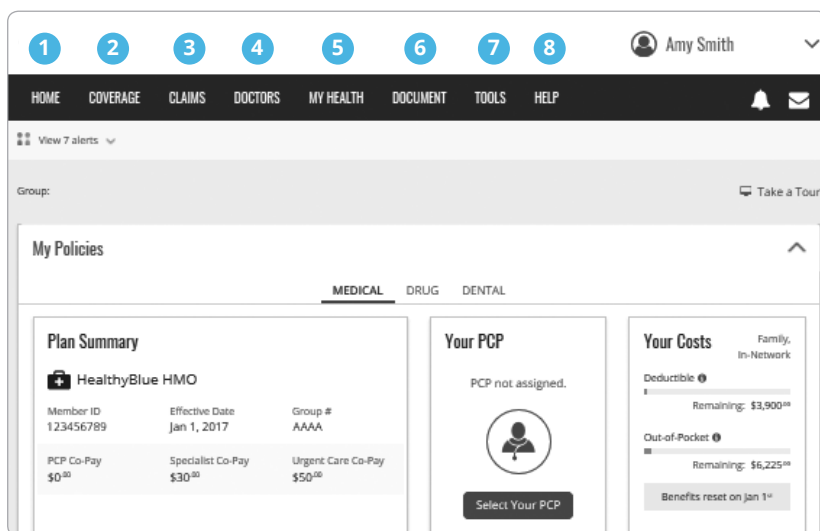
Did you know that where you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

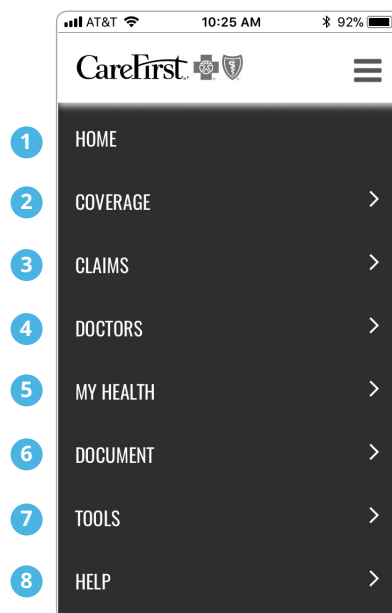
My Account

Online access to your health care information

My Account makes it easier than ever to understand and manage personalized information about your health plan and benefits. Set up an account today! Go to **carefirst.com/myaccount** to create a username and password.






As viewed on a computer.



As viewed on a smartphone.

My Account at a glance

1 Home

- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details  including password, username and email, or choose to receive materials electronically
- Send a secure message via the *Message Center* 
- Check *Alerts*  for important notifications

2 Coverage

- Access your plan information—plus, see who is covered
- Update your other health insurance information, if applicable
- View, order or print member ID cards
- Review the status of your health expense account (HSA or FSA)¹
- Order and refill prescriptions
- View prescription drug claims

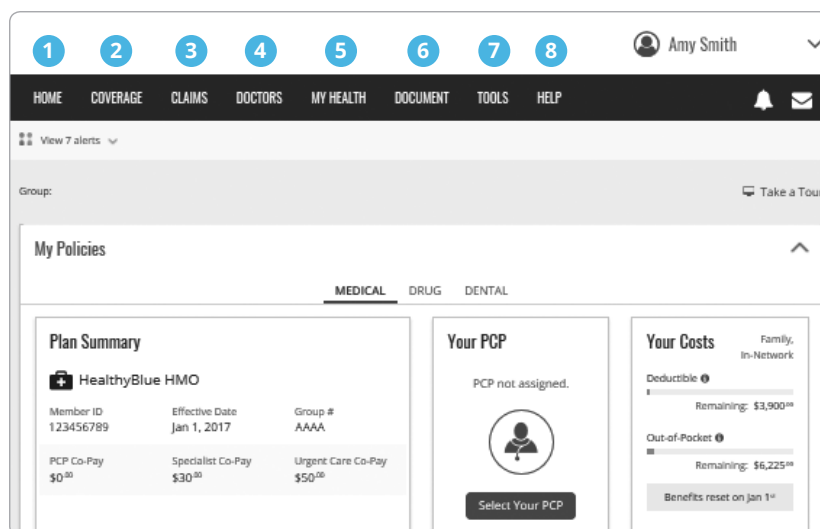
¹ Only if offered by your plan.



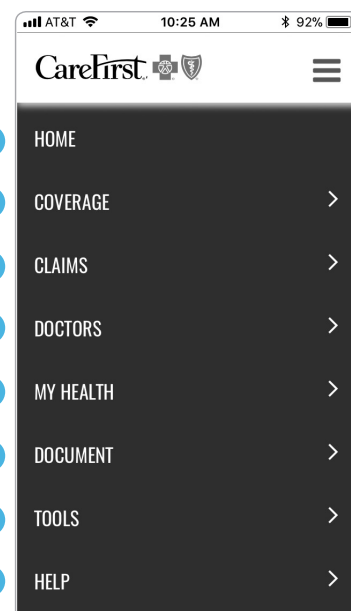
Signing up is easy

Information included on your member ID card will be needed to set up your account.

- Visit carefirst.com/myaccount
- Select *Register Now*
- Create your username and password



As viewed on a computer.



As viewed on a smartphone.

3 Claims

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

4 Doctors

- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options¹
- Track your Blue Rewards progress¹

6 Documents

- Look up plan forms and documentation²
- Download *Vitality*, your annual member resource guide

7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures³
- Use the drug pricing tool to determine prescription costs

8 Help

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

¹ Only if offered by your plan.

² Only available when using a computer.

³ The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

Health & Wellness

Take charge

Whether you're looking for health and wellness tips, support to manage a health condition, or discounts on health-related services, we have the resources to help you get on the path to better well-being.

With our Health & Wellness program you can:

- Become aware of unhealthy habits.
- Improve your health with programs that address your specific goals or concerns.
- Access online tools to help you get and stay healthy.

15 minutes can help improve your well-being

When it comes to your health, it's important to know where you stand. You can get an accurate picture of your health status with our confidential, online assessment.

After you complete your health assessment, you'll unlock access to additional health and wellness support. Whether you want to eat healthier, lose weight, or stop using tobacco, you will have the tools needed to meet your personal health goals. These resources and the health assessment are available by logging into *My Account* at carefirst.com/myaccount and selecting *Health Assessment and Online Coaching* under *Quick Links*.

Health coaching

As part of your health coverage, you may receive a call from an engagement specialist inviting you to participate in health coaching. We encourage you to take advantage of this voluntary and confidential phone-based program that can help you achieve your best possible health. Coaches are registered nurses and trained professionals who provide motivating support to help you reach your wellness goals. You can also choose to participate in health coaching by calling 800-783-4582 and pressing option 6.



“ One thing that attracted me to the program was the individual counseling. I like the one-on-one attention. ”

—Lucia, Innergy® Healthier Weight participant

To access these wellness programs, log in to *My Account* at carefirst.com/myaccount

Innergy® Healthier Weight program

If you are age 18 or older, have a BMI of 30 or greater and are looking to lose weight, the Innergy program can help. Innergy offers a personalized solution for long-term weight loss and helps participants reach a healthier weight. To get started, select the Innergy icon and complete the registration process.

QuitNet® Tobacco Cessation program

Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. QuitNet's expert guidance, support and wealth of tools make quitting easier than you might think. To get started, simply click on the QuitNet icon and complete the registration process.

Financial Well-Being™, powered by Dave Ramsey

Financial expert Dave Ramsey will show you how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, the Financial Well-Being program can help. To get started, select the Financial Well-Being icon and complete the registration process.

Additional wellness offerings

- **Wellness discount program**—Sign up for Blue365 at carefirst.com/wellnessdiscounts to receive discounts from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- **Health news**—Register for our seasonal newsletter at carefirst.com/healthnews and receive healthy recipes, videos and articles delivered to your email box.
- **Vitality magazine**—Read our member magazine which includes important plan information at carefirst.com/vitality.
- **Health education**—View our health library for more health and well-being information at carefirst.com/livinghealthy.

To learn more about any of these wellness programs, log in to *My Account* at carefirst.com/myaccount or call 800-783-4582 between 8:30 a.m.–8:30 p.m., Monday–Friday, or Saturday from 8:30 a.m.–5:30 p.m. Eastern time.

Mental Health Support

Well-being for mind and body

Living your best life involves good physical and mental health. Emotional well-being is important at every stage in life, from adolescence through adulthood.

It's common to face some form of mental health challenge during your life, caused by a variety of reasons, many of which are beyond your control. Some of the contributing factors include:

- Biology, such as genes, brain chemistry, physical illness or injury
- Life experiences, such as trauma, tragedy or abuse
- Family history

When mental health difficulties arise for you or a loved one, remember you are not alone. Help is available and feeling better is possible.

Through CareFirst BlueCross BlueShield, CareFirst BlueChoice Inc. (CareFirst), you have access to specialized services and programs to help you get well, if and when you need assistance related to:

- Depression
- Drug or alcohol dependence
- Stress
- Work-life balance
- Eating disorders



One in five American adults has experienced a mental health issue.¹

If you or someone close to you needs support or help making an appointment, call 800-245-7013 or visit carefirst.com/mentalhealth.

¹ United States Department of Health and Human Services. Mental Health Myths and Facts. Accessed August 21, 2015 at: <http://www.mentalhealth.gov/basics/myths-facts/index.html>.

Find a Doctor, Hospital or Urgent Care

carefirst.com/doctor

It's easy to find the most up-to-date information on health care providers and facilities who participate with CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst).

Whether you need a doctor, nurse practitioner or health care facility, **carefirst.com/doctor** can help you find what you're looking for based on your specific needs.

You can search and filter results by:






- Provider name
- Provider specialty
- Distance
- Zip code
- City and state
- Gender
- Accepting new patients
- Language
- Group affiliations



To view personalized information on which doctors are in your network, log in to *My Account* on your computer, tablet or smartphone and click *Find a Doctor* from the Doctors tab or the Quick Links.

Find a Doctor

What type of care are you looking for?

 Medical Search for a doctor or facility by name or provider type	 Mental Health Search for a behavioral health/substance abuse provider or facility	 Dental Search for a dentist or facility for dental care	 Vision Search for a provider or facility for vision care	 Pharmacy Locate a pharmacy near you home or office
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Exclusions

11.1 Medically Necessary (or Medical Necessity).

Coverage will not be provided for services, tests, procedures, drugs, supplies or use of devices or equipment that CareFirst determines are not necessary for the prevention, diagnosis or treatment of the Member's illness, injury or condition.

Although a service is otherwise listed as covered, coverage will be provided only if the service is Medically Necessary and appropriate in the Member's particular case.

Services, supplies, and accommodations will not automatically be considered Medically Necessary because they were prescribed by an eligible Provider. CareFirst may consult with professional medical consultants, peer review committees, or other appropriate sources for recommendations on whether services, supplies, or accommodations a Member receives are Medical Necessary.

11.2 Free Care. Coverage will not be provided for the cost of services that:

- A. are furnished without charge;
- B. would normally be furnished to the Member without charge; or
- C. would have been furnished to the Member without charge if the Member were not covered either under the Program or under any other health benefits arrangement.

11.3 Routine Care of Feet. Routine, palliative, or cosmetic foot care (except for conditions determined by CareFirst to be Medically Necessary), including flat foot conditions, supportive devices for the foot, treatment of subluxations of the foot, care of corns, bunions (except capsular or bone surgery), calluses, toe nails, fallen arches, weak feet, chronic foot strain, and symptomatic complaints of the feet.

11.4 Dental Care. Coverage will not be provided for any other type of dental care including extractions, treatment of cavities, care of the gums or bones supporting the teeth, treatment of periodontal abscess, removal of impacted teeth, orthodontia (including braces), false teeth or any other dental services or supplies, unless provided in a separate amendment to the Contract.

11.5 Oral Surgery. Dental Services and Oral Surgery Services, all other procedures involving the teeth or areas surrounding the teeth including the shortening of the mandible or maxillae for cosmetic purposes or for correction of malocclusion are excluded.

11.6 Cosmetic Services. Cosmetic services (except for Mastectomy—Related Services and services for cleft lip or cleft palate or both).

11.7 Organ Transplants. Organ transplant procedures, including complications resulting from any such procedure, services or supplies related to any such procedure such as, but not limited to, high dose chemotherapy, radiation therapy or any other form of therapy, or immunosuppressive drugs are not covered.

11.8 Neuromuscular Rehabilitation. Neuromuscular rehabilitation will be covered if limited to physical therapy services.

11.9 Other Exclusions. Coverage will not be provided for the following:

- A. Services or supplies received before the effective date of the Member's coverage under this Agreement.
- B. Treatment of sexual dysfunctions or inadequacies limited to surgical implants for impotence (medical therapy and psychiatric treatment are not covered).
- C. Any procedure or treatment designed to alter an individual's physical characteristics to those of the opposite sex.
- D. Speech therapy, occupational therapy or physical therapy, unless CareFirst determines that your condition is subject to improvement. Speech therapy for cleft lip and cleft palate is, however, covered. Coverage does not include nonmedical ancillary services such as vocational rehabilitation, employment counseling, or educational therapy.
- E. Services for the purpose of Habilitation.
- F. Fees or charges relating to fitness programs, weight loss or weight control programs, physical conditioning, exercise programs, physical conditioning, use of passive or patientactivated exercise equipment.
- G. Medical or surgical treatment of myopia or hyperopia, including radial keratotomy and other forms of refractive keratoplasty or any complications thereof.
- H. Services to the extent they are covered by any governmental unit, except that services provided in Veteran's Administration or armed forces facilities, such as for non-service connected disabilities, for which the Member is liable will be covered.
- I. Services that are beyond the scope of the license of the provider performing the service.
- J. Except for covered ambulance services, travel expenses, whether or not recommended by an Eligible Provider.
- K. Services or supplies for conditions that State or local laws, regulation, ordinances, or similar provisions require to be provided in a public institution.

Exclusions

- L. Services or supplies received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar persons or groups.
- M. Contraceptive devices, or supplies.
- N. Partial removal of a nail without the removal of the matrix.
- O. Assistive reproductive procedures.
- P. Any claim, bill or other demand or request for payment for health care services determined to be furnished as a result of a referral prohibited by Section I-302 of the Maryland Health Occupations Article.
- Q. Services solely on court order or as a condition of parole or probation unless approved by CareFirst.
- R. Any illness or injury caused by war, declared or undeclared, including armed aggression.
- S. Any service, supply or procedure which is not specifically listed in this Description as a covered benefit.
- T. Biofeedback services.
- U. Medical services resulting from the Member's commission of an act defined as a crime under state or federal law.
- V. Premarital lab work required by law.
- W. Insulin injections or insulin therapy, unless covered under the Prescription Drug part of the Program.
- X. Private duty nursing services.
- Y. Services that are Experimental/Investigational or not in accordance with accepted medical or psychiatric practices and standards in effect at the time the service in question is rendered, as determined by CareFirst.
- Z. Services performed or prescribed by or under the direction of a person who is acting beyond his/her scope of practice.
- AA. Routine dental care such as services, supplies, or charges directly related to the care, filling, removal or replacement of teeth, the treatment of disease of the teeth, gums or structures directly supporting or attached to the teeth. These services may be covered under a separate rider purchased by the Group and attached to the Evidence of Coverage.
- BB. Services performed or prescribed by or under the direction of a person who is not a Health Care Provider.
- CC. Treatment rendered by a Health Care Provider who is the Member's parent, child, grandparent, grandchild, sister, brother, great grandparent, great grandchild, aunt, uncle, niece, or nephew or resides in the Member's home.
- DD. All non-prescription drugs, medications, biologicals, and Over-the-Counter disposable supplies, routinely obtained and self-administered by the Member, except as stated in the Description of Covered Services. Over-the-Counter means any item or supply, as determined by CareFirst, that is available for purchase without a prescription, unless otherwise a Covered Service. This includes, but is not limited to, non-prescription eye wear, family planning and contraception products, cosmetics or health and beauty aids, food and nutritional items, support devices, non-medical items, foot care items, first aid and miscellaneous medical supplies (whether disposable or durable), personal hygiene supplies, incontinence supplies, and Over-the-Counter medications and solutions.
- EE. Any procedure or treatment designed to alter an individual's physical characteristics to those of the opposite sex.
- FF. Treatment of temporomandibular joint disorders unless otherwise stated.
- GG. Any service related to recreation activities. This includes, but is not limited to, sports, games, equestrian activities and athletic training, even though such services may be deemed to have therapeutic value.
- HH. Non-medical, Health Care Provider services, including, but not limited to:
 1. Telephone consultations, charges for failure to keep a scheduled visit, completion of forms, copying charges or other administrative services provided by the Health Care Provider or his/her staff;
 2. Administrative fees charged by a Health Care Provider to a Member to retain the Health Care Provider's medical practices services, e.g., "concierge fees" or boutique medical practice membership fees. Benefits under this Contract are limited to Covered Services rendered to a Member by a Health Care Provider.
- II. Services related to human reproduction other than specifically described in this Description of Covered Services including, but not limited to maternity services for surrogate motherhood or surrogate uterine insemination, unless the surrogate mother is a Member.
- JJ. Oral surgery, dentistry or dental processes unless otherwise stated.
- KK. Services or supplies for injuries or diseases related to a enrolled Member's job to the extent the covered person is required to be covered by a workers' compensation law.
- LL. Prescription drugs. Benefit for prescription drugs are covered under a separate program through Washington Gas Light Company.

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 7/12/18)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

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

Foreign Language Assistance

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

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። 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 Yorùbá (Yoruba) Ìtẹ̀tílẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ. Ó le ní àwọn déètì pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófẹ́ẹ́. Àwọn ọ̀mọ-ẹ̀gbé gbódò pe nọmbà fòdùn tò wà lẹ́yìn kààdì idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí títí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì sọ ọ̀ pọ̀ 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 nasasaklawang 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 nà ke bá nyo bǝ̀ ké m̃ gbo kpá bó nì fùà-fùá-tiŋ nyɛɛ jè dyí. Bǝ̀ nà ke bédé wé jéé bǝ̀ bǝ̀ m̃ ké dɛ wa m̃ ké nyuɛɛ nyu hwɛ́ bǝ̀ wé bǝ́a ké zi. ɔ̀ m̃ nì kpé bǝ̀ m̃ ké bǝ̀ nà ke kè gbo-kpá-kpá m̃ m̃ɛɛ dyé dǝ̀ nì bídí-wùdù mú bǝ̀ m̃ ké se wídí dǝ̀ pǝ́é. Kpooɔ̀ nyo bǝ̀ m̃ dǝ́ fùùn-nòbà nà dǝ́ waà I.D. káàò dǝ́n nyɛ. Nyo tǝ̀ sɛ́n m̃ dǝ́ nòbà nà ke: 855-258-6518, ké m̃ m̃ fò tee bǝ́ wa kée m̃ gbo cǝ́ bǝ̀ m̃ ké nòbà m̃à 0 kɛɛ dyi pàdàin hwɛ́. ɔ̀ jǝ́ ké nyo dǝ̀ dyi m̃ gǝ́ jǝ́n, po wuɖu m̃ m̃ pǝ́e dyie, ké nyo dǝ̀ mu bó nìin bǝ́ ɔ̀ ké nì wuɖu 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 للأخريين 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。

Notice of Nondiscrimination and Availability of Language Assistance Services

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-ejiko gi na onye okowa okwu.

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

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

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

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahólq bee éédahózin béeso ách'ááh naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowol 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' dahódoonih 855-258-6518 dóó yíi diilts'íł yaltí'ígíí t'áá nílélíí áádóó éi bikéé'dóó naasbaas bił adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yánilt'i'ígíí yíi diikił dóó ata' halne'é lá níká'ádoowol.

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