

CareFirst  
BlueCross BlueShield



BluePreferred
Maryland

More to feel good about.

Why Don't *You* Have Health Insurance?

Too busy to make the arrangements?

Think you can't afford it?

For the cost of many of the things you buy each day, you can have the security and peace of mind of health coverage.

BluePreferred, a health plan from CareFirst BlueCross BlueShield (CareFirst) combines the freedom to select any doctor or specialist, ***even without a referral***, with the flexibility to customize your plan based on the cost options that you select. And to help you control those out-of-pocket costs, we offer you significant savings when you visit a doctor within the CareFirst Preferred Provider Network.

BluePreferred offers you:

- **Maximum flexibility** – four benefit levels to choose from – so you can find a plan that's right for you!
- **Freedom to choose any doctor or hospital** – no referrals to delay your visit to a specialist – you just make the appointment.
- **A preventive care package** that saves you money with predictable \$25 copays for preventive services – and no deductible to meet – when you visit Preferred Providers!
- **Major Medical coverage** with a \$2,000,000 policy maximum – to protect you against the high cost of a lengthy illness.
- **Easy access to your benefits** with Blue Cross and Blue Shield BlueCard® Program – your direct link to healthcare services nationwide.
- **Security of knowing that you're protected** by one of the state's leading health care insurers protecting individuals who buy their own insurance.

CareFirst provides its members with protection against the high cost of health care. We offer health insurance options to meet the needs and budget of individuals who purchase their own insurance.

Questions?

Call 410-356-8000 or toll free at 1-800-544-8703 or call your insurance broker

Lower Your Expenses



CareFirst provides you with access to more than 32,000 providers and 42 hospitals in the Washington, D.C. Metropolitan service area who participate in our Preferred Provider Organization. When you choose to seek your care from one of these providers, CareFirst is able to offer you lower deductibles and coinsurance. Ask your doctor if he or she is a member of our PPO plan or check our website at www.carefirst.com.

Of course, BluePreferred also offers you the flexibility to select any doctor – either in or out of the CareFirst network. If you decide to go out-of-network for any covered services, you will simply share more of the costs, in the form of higher coinsurance and deductibles.

What are the benefits of selecting an in-network doctor?

- **Lower Out-of-Pocket Costs** – When you receive services from CareFirst’s Preferred Providers, or in-network doctors, you will be responsible for a lower deductible and lower coinsurance amounts.
- **Preventive Care** – BluePreferred helps keep you and your family healthy with well-child care (up to age 18), adult preventive exams and routine GYN visits which are available at one low copay with no deductible to meet. Plus, cancer screenings are covered in full.
- **No Balance Billing** – Your provider agrees to accept the Preferred Provider Allowed Benefit as payment in full for covered services after you pay any applicable copayment or coinsurance. The Preferred Provider Allowed Benefit is the pre-negotiated fee agreed to by both the doctor and CareFirst. This means no unexpected costs to you.

How is an out-of-network doctor different?

Freedom – One of the biggest benefits of BluePreferred is that you actually can select any doctor you choose. Unlike some managed care plans in which you select a single primary care physician to manage your care, BluePreferred gives you the option to seek care on your own from physicians and specialists outside of the network. Of course, this option will require you to share more of the costs, in the form of higher coinsurance and deductibles.

Can I go “out-of-network” and still save money?

Yes. Some out-of-network providers are CareFirst Participating Providers, which means that they have a special agreement with CareFirst regarding how much they charge. This agreement may limit the amount you owe, but you will still be responsible for your deductible and coinsurance amounts up to the out-of-network allowed benefit. Present your CareFirst BlueCross BlueShield card and your CareFirst Participating Provider will file your claim for you.

What if I choose to see an Out-of-Network Non-Participating Provider?

That’s what makes BluePreferred so desirable – It’s so flexible! If you choose to visit an out-of-network, Non-Participating Provider, you will be required to pay the out-of-network deductible and coinsurance amounts, and you will also be responsible for filing the necessary paperwork. In addition, you will be responsible for paying the price difference between CareFirst’s allowed benefit and what the provider actually charges, also called balance billing.

Questions?

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Choose Coverage That is Right for You

Choose Coverage That is Right for You

As a member of the BluePreferred plan, you can choose the personal health care program that's right for you – and your budget. The more you share in the cost of the coverage through higher deductibles and coinsurance payments, the lower your monthly premium.

This is how BluePreferred helps make health care coverage fit your budget – by letting you decide how much of the plan's cost you want to share through deductibles and coinsurance. Refer to the chart below and the rate charts included in this package to help you make your decision.

Deductibles, Coverage Levels and Out-of-Pocket Limits Per Individual:

Your Deductible		Your Coverage Level		Your Out-of-Pocket Limit	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$100	\$300	90%	70%	\$2,500	\$5,000
\$300	\$500	90%	70%	\$2,500	\$5,000
\$300	\$500	80%	60%	\$2,500	\$5,000
\$500	\$750	80%	60%	\$2,500	\$4,000

It's very important to note that your out-of-pocket limit includes your deductible and most coinsurance payments.

How the Plan Works

- You pay the deductible when applicable – **Remember, no deductible is required for preventive care provided by an in-network doctor.**
- Once the deductible has been met, BluePreferred pays a percentage (90%, 80%, 70% or 60%) of the allowed amount. This is the coverage percentage that you initially select.
 - When you visit any CareFirst Participating Provider, after you meet the deductible, you only pay the associated coinsurance.
 - If you visit an out-of-network, non-participating provider you will not only be responsible for the coinsurance, but also for paying the difference between CareFirst’s allowed benefit and what the provider actually charges.
 - Each member must meet his/her individual deductible, though families never pay more than two times the individual deductible.
- Unlike many other plans, your medical deductible is included as part of your out-of-pocket limit, which is the limit a person on your policy spends towards coinsurance and deductibles per year.
- Members are responsible for their coinsurance until they reach the out-of-pocket calendar year limit.
- Once your out-of-pocket limit is reached, BluePreferred pays 100% of the allowed amount for most covered services.
- Prescription drug benefits are subject to separate deductibles, copayments, and limits.
- A family never has to meet more than two individual out-of-pocket maximums per calendar year. An individual family member cannot contribute more than the individual out-of-pocket limit toward meeting the family out-of-pocket limit.

Questions?

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In-Network Benefits at a Glance

Medical Benefits	You Pay (In-Network)
Preventive Services	
Well-Child Care	\$25 (no deductible)
Mammograms, PAP tests, and PSAs (cancer screenings)	\$0
Adult Preventive Physical Exams	\$25 (no deductible)
OB/GYN Preventive Care	\$25 (no deductible)
Office Visits, Labs and Testing	
Office Visits (excluding preventive care)	\$25 (no deductible)
Diagnostic Tests and X-rays	Your selected coinsurance percentage (after deductible)
Allergy Shots	\$5 (no deductible)
Emergency Care	
Emergency Room	\$50 (subject to deductible and coinsurance)
Hospitalization	
365 days Hospitalization per year	Your selected coinsurance percentage (after deductible)
Inpatient Physician Services	Your selected coinsurance percentage (after deductible)
Inpatient/Outpatient Surgery	Your selected coinsurance percentage (after deductible)
Physical Therapy	Your selected coinsurance percentage (after deductible)
Vision Services	
Annual Routine Eye Exam	\$10 (no deductible)
Prescription Drug Benefits	
Deductible	\$100
Generic Copay	\$10
Preferred Brand Copay	\$25
Non-Preferred Brand Copay	\$45
Annual Benefit Maximum	\$1,500

* Generic drugs must be chosen when available or an additional expense will be incurred. Self-injectable drugs are covered at a 50% coinsurance up to a maximum member copayment of \$75 per covered injectable medication and are subject to the annual benefit maximum.

Note: If you use a provider who does not participate with any CareFirst BlueCross BlueShield plan, you will be responsible for any applicable deductible, copayment and coinsurance plus charges over the allowed benefit.

Prescription Drug Card Program

Your BluePreferred coverage includes a 4-Tier Prescription Drug Card Program, designed to combat rising drug costs that drive up your premiums and overall healthcare costs. The Prescription Drug Program covers both non-maintenance and maintenance prescription drugs dispensed by a retail pharmacy or the Walgreens mail service pharmacy. You can use your card at more than 59,000 participating pharmacies – including chains and

independent pharmacies – nationwide. And, by visiting a participating pharmacist there are no claims to file.

What's more, if you take maintenance medications over an extended period of time, your Prescription Drug Program offers you a way to save time and money. Maintenance drugs up to a 90 day supply can be obtained either through retail pharmacies or through our mail-order program, for only two copays. Visit www.carefirst.com/rx to learn more about your prescription drug coverage.

Vision Care Services

BluePreferred offers you eye care benefits as part of your medical plan, through our network administrator, Davis Vision, Inc. For annual routine eye examinations, just call and make an appointment with one of the participating providers and pay the \$10 copay at the time of service. Additionally, through Davis Vision, you receive discounts of approximately 30% on eyeglass lenses and frames or contact lenses. *For medical eye care, please follow your normal medical procedures.*

Optional Maternity and Prenatal Coverage

You may also choose to add maternity and prenatal care coverage to your policy (for yourself or your covered spouse). For an additional \$126 a month, you will receive benefits for covered pre and post natal care as well as covered services associated with the delivery. **If you add maternity coverage, at any time, and you are pregnant on the effective date of your coverage, there will be a 10-month pre-existing conditions exclusion period for extended maternity and related services. If you become pregnant after your effective date, then CareFirst will begin covering extended maternity and related services immediately.**

BlueCard® Program Features

Taking your benefits with you when you travel.

With BluePreferred, getting access to care while out of town is as easy as presenting your CareFirst BlueCross BlueShield identification card. Providers, hospitals and urgent-care facilities who participate with the local Blue Cross Blue Shield PPO plan – wherever you are in the U.S.– will recognize and honor your card. Need help finding a provider? Just call the *BlueCard®* phone number listed on your CareFirst ID card for personal assistance.

When You Need Care



UTILIZATION MANAGEMENT

When you need to be hospitalized or need therapy, your doctor will work with the Utilization Management team to ensure you receive the right care in the right place at the right time.

Hospital Precertification and Review

Any time you face non-emergency surgery or hospitalization, the Hospitalization Precertification and Review program works with your provider to determine if the hospital is the most appropriate place for your procedure and recovery. If you are hospitalized, a Utilization Management nurse will review your information and assist with discharge planning or approve additional inpatient hospital days if necessary.

Maximizing Your Drug Benefit

To help you and your family face the challenge of the rising cost of prescription drugs, CareFirst has developed drug utilization programs to encourage the use of drugs that are effective and cost-efficient in order to maximize the value of your prescription drug benefit. In addition, we frequently update the preferred drug list (Formulary) which can be found at www.carefirst.com/rx. Here you can also find tools to help you get the most from your prescription dollar such as learning how to save money with generic alternatives, finding participating pharmacies and much more



CASE MANAGEMENT

When faced with a serious diagnosis or condition, you and your family have many tough choices and decisions to make. The Case Management program can help you navigate the complex health care system and provide support during your time of need. Some of the conditions most frequently case managed include:

- serious trauma
- cancer
- rehabilitation
- special needs

Our case managers will:

- Work closely with you and your doctors to identify a treatment plan
- Coordinate necessary services
- Contact you regularly to see how you are doing
- Answer any of your questions
- Suggest community resources that may be available



DISEASE MANAGEMENT

Our disease management programs can help you avoid or delay the complications related to chronic conditions.

We have programs for:

- Diabetes
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure
- Coronary heart disease

When you enroll, you will:

- Receive information on how to manage your condition
- Be able to call a toll-free number 24 hours a day, seven days a week, to speak with a registered nurse
- Have access to a Web site that has information about your condition
- Be able to email questions to a registered nurse



Options Discount Program

Options discount program provides you with discounts on laser vision correction, hearing care services, fitness club memberships and mail order contact lenses, as well as alternative therapies such as acupuncture, massage therapy and chiropractic care. CareFirst BluePreferred members can also receive discounts on tai chi, qi gong, pilates, yoga, nutrition counseling, guided imagery, meditation instruction, mind-body instruction and personal training.

Options is not a covered benefit under your health plan, but rather a way for you to access health and wellness practitioners at discounted rates. To find out more, visit www.carefirst.com.

Frequently Asked Questions

Q: Can I choose my own physician?

A: Yes. You have the freedom to select any doctor or hospital. And you can still save on out-of-pocket expenses by using either our Preferred or Participating Provider Networks. To view a listing of BluePreferred or CareFirst Participating Providers who automatically file claims for you and will not balance bill you, please visit us on the web at www.carefirst.com. (For more information on balance billing, please read the FAQ on this page titled “What is balance billing and how does it affect my out-of-pocket costs?”)

Q: What types of health costs should I expect?

A: BluePreferred requires you to first pay your pre-chosen deductible before the insurance will pay. This deductible will vary depending on whether you visit an in-network or out-of-network doctor. Once the deductible is met you pay a coinsurance for most visits and procedures, which is a percentage of the allowed benefit of the visit – this also varies depending on whether you visit an in-network or out-of-network doctor. (**Please note:** *Many BluePreferred preventive care benefits are covered even before you meet your deductible when you visit an in-network doctor.*)

Q: What is balance billing and how does it affect my out-of-pocket costs?

A: As a member of BluePreferred you have the option to visit doctors who do not participate with CareFirst. In addition to your coinsurance, you are also responsible for whatever amount the doctor charges over and above CareFirst’s negotiated amount (also called the Allowed Benefit) for the procedure.

For example, if the cost of a procedure is \$100, CareFirst’s negotiated amount for that procedure, when provided by a Participating Provider, may only be \$60. Should you choose to use a Non-Participating Provider, you would be responsible for the \$40 difference between the doctor’s actual charge and CareFirst’s Allowed Benefit in addition to your coinsurance amount.

Q: Is preventive care covered?

A: Yes. BluePreferred coverage includes a special package of preventive care benefits for only \$25 per doctor visit – and you don’t have to meet your deductible first – when you see an in-network doctor. Plus, cancer screenings are covered at 100% when you seek care from an in-network doctor.

Q: When does coverage begin?

A: Coverage begins the first day of the month following the date you’re approved and is contingent upon receipt of payment.

Q: What about pre-existing condition exclusions?

A: There is a 10-month pre-existing conditions exclusion period that applies for pre-existing conditions.

Q: What is medical underwriting and how long does it take?

A: Medical underwriting is a systematic process that insurers use to evaluate information about a health insurance applicant. An underwriter at CareFirst carefully reviews the answers you provide to the health questions in your application. In addition, we may review past claims history on file, if applicable, and any medical reports completed by physicians. Based on this information we may approve the application at the requested rate or a higher rate, deny the request for coverage or deny coverage for a particular applicant. The review process typically takes 4-6 weeks.

** There are no CareFirst HIPPA products currently available in the MD individual market. If an individual fails medical underwriting, he/she is referred to HIPPA*

Questions?

Call 410-356-8000 or toll free at 1-800-544-8703 or call your insurance broker

It's Easy To Apply

Follow these easy steps to apply for BluePreferred.

To be eligible for BluePreferred coverage, each family member applying for medical coverage must be a resident of the State of Maryland and complete a medical questionnaire.

We begin processing your application as soon as it is received. The review process typically takes 4-6 weeks. Once you have submitted your application, you can call the BluePreferred Application Status Hotline toll free at **1-877-746-7515** for a status report on your application.

1. Choose what type of coverage you need.

Individual

Individual and Adult**

Individual and Child(ren)*

Family - Two eligible adults and eligible dependent(s)

* "Child" means your unmarried, *eligible* child up to age 25. Eligibility requirements are defined in the BluePreferred contract.

** "Adult" means the spouse of the subscriber or the domestic partner of the subscriber who resides with the subscriber and satisfies the eligibility requirements defined in the BluePreferred contract. The subscriber and domestic partner may not share a blood or familial relationship, and must have shared a common legal residence continuously for at least six (6) months prior to applying for coverage.

If you have questions about eligibility, please call our Product Specialists at **1-800-544-8703**.

2. Choose the plan that fits your needs using the BluePreferred Deductibles, Coverage Levels and Out-of-Pocket Limits chart on page 5.

3. Locate your monthly premium using the rate charts enclosed.

4. Complete the enclosed application. Please make sure that all information is complete and accurate. This will help speed up the application process.

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- Make sure you check “Yes” in the Maternity benefit selection area if you wish to include benefits for maternity services.
- Also, you must sign and date the application.

5. **Send no money now.** You’ll receive an invoice when your coverage is approved.

Additional Coverage Options

Coverage Available from CareFirst BlueCross BlueShield

- **Personal Comp* & Personal Comp HSA*** – Indemnity coverage that gives you the freedom to choose any doctor or hospital and a wide range of deductible levels including health savings account-compatible plans.
- **MediGap-65** – Traditional coverage to supplement your Medicare policy, offered by CareFirst of Maryland, Inc. For more information about this plan, please call our Product Specialist toll free at **1-800-275-3802**.
- **BluePreferred Saver* and BluePreferred HSA*** – A Preferred Provider Organization that reduces your out-of-pocket costs with higher deductible plans including health savings account-compatible plans.

Other Available Coverage

- **CareFirst BlueChoice*, BlueChoice-Saver* and BlueChoice HSA*** - A flexible HMO plan, offered by CareFirst BlueChoice, Inc. including lower-premium and health savings account-compatible plans.

** Medical questionnaire must be completed.*

Questions?

Call 410-356-8000 or toll free at 1-800-544-8703 or call your insurance broker

Take control of your
health care coverage.

Call 1-800-544-8703 today!

Or, apply online using
Individual Express at
www.carefirst.com/eSales.

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.

Policy Form Numbers:

IEA OE/DP MD

DOCS-PPO/M

CMM/MM ATTB

MD/BP/DB/ES (10/07)

MD/CF/IND RX3 (1/03)

and any amendments.



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