Maryland Consumer Health Benefits 2027

CareFirst BlueCross BlueShield
Family of health care plans

	Maryland CareFirst Plans		Bronze				Silver				
			BlueChoice HMO Value Bronze 11110	BluePreferred PPO Value Bronze 11110	BlueChoice HMO Bronze 6100 Virtual Connect Plus	BlueChoice HMO HSA Bronze 6550 Virtual Connect Plus	BlueChoice HMO Referral Silver 2500 Virtual Connect Plus	BlueChoice HMO HSA Silver 3700 Virtual Connect Plus	BluePreferred PPO HSA Silver 3700 Virtual Connect Plus	BlueChoice HMO Value Silver 4500	BluePreferred PPO Value Silver 4500
	Plan Type		HMO[1]	PPO[2]	HMO[1]	HMO[1]	HMO[1]	HMO[1]	PPO[2]	HMO[1]	PPO[2]
	Visit **carefirst.com/doctor** to view participating doctors and facilities—search by plan:		BlueChoice HMO	BluePreferred PPO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO	BluePreferred PPO	BlueChoice HMO	BluePreferred PPO
	DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
1	**Deductible**[3]		Individual: $11,110 Family: $22,220	Individual: $11,110 Family: $22,220	Individual: $6,100 Family: $12,200	Individual: $6,550 Family: $13,100	Individual: $2,500 Family: $5,000	Individual: $3,700 Family: $7,400	Individual: $3,700 Family: $7,400	Individual: $4,500 Family: $9,000	Individual: $4,500 Family: $9,000
2	**Out-of-Pocket Maximum**[4]		Individual: $11,110 Family: $22,220	Individual: $11,110 Family: $22,220	Individual: $10,600 Family: $21,200	Individual: $8,600 Family: $17,200	Individual: $11,150 Family: $22,300	Individual: $7,750 Family: $15,500	Individual: $7,750 Family: $15,500	Individual: $9,300 Family: $18,600	Individual: $9,300 Family: $18,600
	PREVENTIVE SERVICES										
3	**Preventive Care** (e.g., adult physical, well-child care, cancer screenings)		No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible
	PRIMARY CARE AND SPECIALIST SERVICES										
4	**Primary Care Provider (PCP) Visits—Office/Non-Hospital** (non-preventive)		$35 copay, no deductible	$35 copay, no deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge, no deductible (**carefirst.com/virtualconnect**) All other providers—$40 copay, no deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge after deductible (**carefirst.com/virtualconnect**) All other providers—$30 copay after deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge, no deductible (**carefirst.com/virtualconnect**). All other providers—$40 copay, no deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge after deductible (**carefirst.com/virtualconnect**). All other providers—$30 copay after deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge after deductible (**carefirst.com/virtualconnect**). All other providers—$30 copay after deductible	$35 copay, no deductible	$35 copay, no deductible
5	**Specialist Visits—Office/Non-Hospital**		$110 copay, no deductible	$110 copay, no deductible	$50 copay after deductible	$40 copay after deductible	$50 copay after deductible	$40 copay, after deductible	$40 copay, after deductible	$110 copay, no deductible	$110 copay, no deductible
6	**HOSPITAL CHARGE** Add this charge if your primary care or specialist visit takes place in a hospital setting		No charge after deductible	No charge after deductible	$100 copay after deductible	$100 copay after deductible	40% coinsurance after deductible	$100 copay after deductible	$100 copay after deductible	$150 copay after deductible	$150 copay after deductible
	RETAIL CLINICS, URGENT AND EMERGENCY SERVICES										
7	**Convenience Care/Retail Health Clinics**		$35 copay, no deductible	$35 copay, no deductible	$40 copay, no deductible	$30 copay after deductible	$40 copay, no deductible	$30 copay after deductible	$30 copay after deductible	$35 copay, no deductible	$35 copay, no deductible
8	**Urgent Care Center**		$75 copay, no deductible	$75 copay, no deductible	$70 copay, no deductible	$60 copay after deductible	$70 copay, no deductible	$60 copay, after deductible	$60 copay, after deductible	$75 copay, no deductible	$75 copay, no deductible
9	**Emergency Room** (hospital charge—copays are waived if you are admitted)		No charge after deductible	No charge after deductible	40% coinsurance after deductible	$300 copay after deductible	40% coinsurance after deductible	$300 copay after deductible	$300 copay after deductible	$500 copay after deductible	$500 copay after deductible
	DIAGNOSTIC SERVICES										
10	**Labs**[6]	Office/Non-Hospital	$55 copay, no deductible (Labcorp only)	$55 copay, no deductible	$25 copay after deductible (Labcorp only)	$25 copay after deductible (Labcorp only)	40% coinsurance after deductible (Labcorp Only)	$25 copay after deductible (Labcorp Only)	$25 copay after deductible	$45 copay, no deductible (Labcorp Only)	$45 copay, no deductible
11		Outpatient Hospital	$55 copay, no deductible[7]	$55 copay, no deductible	$90 copay after deductible[7]	$90 copay after deductible[7]	40% coinsurance after deductible[7]	$90 copay after deductible[7]	$90 copay after deductible	$45 copay, no deductible[7]	$45 copay, no deductible
12	**X-rays**[6]	Office/Non-Hospital	$150 copay, no deductible	$150 copay, no deductible	$55 copay after deductible	$55 copay after deductible	40% coinsurance after deductible	$55 copay after deductible	$55 copay after deductible	$150 copay, no deductible	$150 copay, no deductible
13		Outpatient Hospital	$150 copay, no deductible[7]	$150 copay, no deductible	$130 copay after deductible[7]	$130 copay after deductible[7]	40% coinsurance after deductible[7]	$130 copay after deductible[7]	$130 copay after deductible	$150 copay, no deductible[7]	$150 copay, no deductible
14	**Imaging** (e.g., MRI, Cat Scan, CT Scan)	Office/Non-Hospital	No charge after deductible	No charge after deductible	$250 copay after deductible	$250 copay after deductible	40% coinsurance after deductible	$250 copay after deductible	$250 copay after deductible	$600 copay after deductible	$600 copay after deductible
15		Outpatient Hospital	No charge after deductible[7]	No charge after deductible	$500 copay after deductible[7]	$500 copay after deductible[7]	40% coinsurance after deductible[7]	$500 copay after deductible[7]	$500 copay after deductible	$600 copay after deductible[7]	$600 copay after deductible
	OUTPATIENT SURGERY *(Members are responsible for both facility and physician charges)*										
16	**Outpatient Surgery** (physician charge)	Non-Hospital/ Surgical Center	No charge after deductible	No charge after deductible	$50 copay after deductible	$40 copay after deductible	40% coinsurance after deductible	$40 copay after deductible	$40 copay after deductible	$150 copay after deductible	$150 copay after deductible
17		Hospital	No charge after deductible[7]	No charge after deductible	$50 copay after deductible[7]	$40 copay after deductible[7]	40% coinsurance after deductible[7]	$40 copay after deductible[7]	$40 copay after deductible	$150 copay after deductible[7]	$150 copay after deductible
18	**Outpatient Surgery** (facility charge)	Non-Hospital/ Surgical Center	No charge after deductible	No charge after deductible	$300 copay after deductible	$300 copay after deductible	40% coinsurance after deductible	$300 copay after deductible	$300 copay after deductible	$150 copay after deductible	$150 copay after deductible
19		Hospital	No charge after deductible[7]	No charge after deductible	$450 copay after deductible[7]	$450 copay after deductible[7]	40% coinsurance after deductible[7]	$450 copay after deductible[7]	$450 copay after deductible	$150 copay after deductible[7]	$150 copay after deductible
	INPATIENT HOSPITAL SERVICES *including all inpatient surgery, labor & delivery, mental health related visits (Members are responsible for both hospital and physician charges)*										
20	**Inpatient Services** (physician charge)		No charge after deductible	No charge after deductible	$50 copay after deductible	$40 copay after deductible	40% coinsurance after deductible	$40 copay after deductible	$40 copay after deductible	$40 copay, no deductible	$40 copay, no deductible
21	**Inpatient Services** (hospital charge)		No charge after deductible[7]	No charge after deductible	40% coinsurance after deductible[7]	$500 copay/day after deductible (up to a copay maximum of $2,500)[7]	40% coinsurance after deductible[7]	$500 copay/day after deductible (up to a maximum of $2,500)[7]	$500 copay/day after deductible (up to a maximum of $2,500)	$550 copay after deductible[7]	$550 copay after deductible
	MATERNITY OFFICE VISITS										
22	**Preventive Prenatal & Postnatal Office Visits**[8]		No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible
	ARTIFICIAL AND INTRAUTERINE INSEMINATION AND IN VITRO FERTILIZATION PROCEDURES										
23	**AI/IVF** (physician charge)		$35 copay, no deductible[7]	$35 copay, no deductible[7]	$40 copay, no deductible[7]	$30 copay after deductible[7]	$40 copay, no deductible[7]	$30 copay after deductible[7]	$30 copay after deductible[7]	$35 copay, no deductible[7]	$35 copay, no deductible[7]
	MENTAL HEALTH AND SUBSTANCE USE DISORDER										
24	**Office Visits**		$35 copay, no deductible	$35 copay, no deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge, no deductible (**carefirst.com/virtualconnect**) All other providers—$40 copay, no deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge after deductible (**carefirst.com/virtualconnect**) All other providers—$30 copay after deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge, no deductible (**carefirst.com/virtualconnect**). All other providers—$40 copay, no deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge after deductible (**carefirst.com/virtualconnect**). All other providers—$30 copay after deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge after deductible (**carefirst.com/virtualconnect**). All other providers—$30 copay after deductible	$35 copay, no deductible	$35 copay, no deductible
	PRESCRIPTION DRUGS[8]										
25	**Prescription Drug Deductible**		No separate drug deductible; Must meet medical deductible first	No separate drug deductible; Must meet medical deductible first	No separate drug deductible; Must meet medical deductible first	No separate drug deductible; Must meet medical deductible first	No separate drug deductible; Must meet medical deductible first	No separate drug deductible; Must meet medical deductible first	No separate drug deductible; Must meet medical deductible first	Individual: $750 Family: $1,500	Individual: $750 Family: $1,500
26	**Prescription Drug Out-of-Pocket Maximum**		No separate drug out-of-pocket maximum	No separate drug out-of-pocket maximum	No separate drug out-of-pocket maximum	No separate drug out-of-pocket maximum	No separate drug out-of-pocket maximum	No separate drug out-of-pocket maximum	No separate drug out-of-pocket maximum	Individual: $1,650 Family: $3,300	Individual: $1,650 Family: $3,300
27	**Preventive Drugs (Tier 0)**		No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge, no deductible
28	**Diabetic Supplies (Tier 0)**										
29	**Preferred Brand Insulin (Tier 0)**										
30	**Generic Drugs (Tier 1)**		$25 copay, no deductible	$25 copay, no deductible	$20 copay, no deductible	$10 copay after deductible	$20 copay, no deductible	$10 copay after deductible	$10 copay after deductible	$25 copay, no deductible	$25 copay, no deductible
31	**Preferred Brand Drugs (Tier 2)**[10]		No charge after deductible	No charge after deductible	$50 copay after deductible	$50 copay after deductible	40% coinsurance after deductible	$50 copay after deductible	$50 copay after deductible	$75 copay after deductible	$75 copay after deductible
32	**Non-Preferred Brand Insulin (Tier 3)**		No charge, no deductible	No charge, no deductible	$30 copay, no deductible	$30 copay, no deductible	40% coinsurance, no deductible ($30 max)	$30 copay, no deductible	$30 copay, no deductible	$30 copay, no deductible	$30 copay, no deductible
33	**Non-Preferred Brand Drugs (Tier 3)**[11]		No charge after deductible	No charge after deductible	$70 copay after deductible	$70 copay after deductible	40% coinsurance after deductible	$70 copay after deductible	$70 copay after deductible	$80 copay after deductible	$80 copay after deductible
34	**Preferred Specialty Drugs (Tier 4)**[12]				$100 copay after deductible	$100 copay after deductible	40% coinsurance after deductible ($100 max)	$100 copay after deductible	$100 copay after deductible	$100 copay after deductible	$100 copay after deductible
35	**Non-Preferred Specialty Drugs (Tier 5)**[12]				$150 copay after deductible	$150 copay after deductible	40% coinsurance after deductible ($150 max)	$150 copay after deductible	$150 copay after deductible	$100 copay after deductible	$100 copay after deductible
	OUT-OF-NETWORK			Out-of-Network					Out-of-Network		Out-of-Network
36	**Deductible**		N/A	Individual: $22,220 Family: $44,440	N/A	N/A	N/A	N/A	Individual: $7,400 Family: $14,800		Individual: $9,000 Family: $18,000
37	**Out-of-Pocket Maximum**		N/A	Individual: $22,220 Family: $44,440	N/A	N/A	N/A	N/A	Individual: $15,500 Family: $31,000	N/A	Individual: $18,600 Family: $37,200

Know before you go

Your health, your money, your decision

Value plans are plan designs that have standardized cost-sharing (i.e., deductible, out-of-pocket maximum, copays and coinsurance) for covered health services. All insurance carriers are required to sell Value plans in MD. With Value plans, the main difference is the provider network offered by each insurer.

PCP visits: The lowest copays and the best option for consistent, quality care.

Caution: Services on a hospital campus may incur a separate hospital charge.

Retail health clinics: Low copays and after-hours care for minor health concerns.

Caution—Emergency room: Highest out-of-pocket costs; explore other options for non-emergency care.

Labs/X-rays/Imaging: Use non-hospital facilities for the lowest copays.

Caution: These sevices will cost more if performed in a hospital.

Surgeries: Non-hospital (ambulatory) surgery centers will save you money on many outpatient surgeries.

Generic drugs: Always your lowest cost option; some are no charge and no deductible.

Caution: For the lowest cost, always visit doctors who are in-network.

Not all services and procedures are covered by your benefits contract. This benefit summary is for comparison purposes only and does not create rights not given through the benefit plan. The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or CareFirst.

Note: When multiple services are rendered on the same day by more than one provider, member payments are required for each provider.

1 Health Maintenance Organization (HMO) plans underwritten by CareFirst BlueChoice, Inc.

2 Preferred Provider Organization (PPO) plans underwritten by Group Hospitalization and Medical Services, Inc. or CareFirst of Maryland, Inc.

3 For family coverage only—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.

4 For family coverage only—When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the allowed benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the allowed benefit.

5 You receive up to 3 non-preventive primary care visits without needing to meet a deductible.

6 HMO plans: For in-network benefits, members must use Labcorp for laboratory services and freestanding facilities for diagnostic services and X-rays.

7 Prior authorization required.

8 For non-routine obstetrical care or complications of pregnancy, cost-sharing may apply.

9 All out-of-pocket drug costs contribute to the in-network out-of-pocket maximum.

10 If a generic drug becomes available for a preferred brand drug, the preferred brand drug moves to the non-preferred brand drug tier.

11 If a provider prescribes a non-preferred brand drug and the member selects the non-preferred brand drug when a generic drug is available, the member shall pay the applicable copayment as stated above plus the difference between the price of the non-preferred brand drug and the generic drug up to the cost of the drug. This amount will not contribute to the in-network out-of-pocket maximum.

12 Specialty drugs must be obtained through mail order at CVS Specialty Pharmacy.

13 CloseKnit is the shared business name of Atlas Health, LLC, Comprehensive Primary Care and Associates, LLC, and CKNMG, LLC. Atlas Health, LLC and Comprehensive Primary Care and Associates, LLC provide in person and telehealth services to CareFirst members and are corporate affiliates within the CareFirst, Inc. corporate umbrella of companies. CKNMG, LLC is an independent company providing in person and telehealth services to CareFirst members.

Benefit designs are subject to and may be impacted by certain state regulations.

To view participating pharmacies and find out how drugs are covered (e.g., generic vs. non-preferred brand) please visit **carefirst.com/acarx**. Please note there are coverage limitations for using non-participating pharmacies.

See a summary of any plan and a glossary of common health insurance terms by visiting **carefirst.com/individual**. Just enter your ZIP code, gender and date of birth to view and compare plans. Look for the Summary of Benefits & Coverage and Uniform Glossary of Coverage & Medical Terms links for each plan by clicking on the plan name and scrolling to the bottom of the box.

For more information on Out-of-area care and benefit coverage please visit the **Health Plan Information page**.

Questions? Ask your broker or call one of our product specialists at 410-356-8000 or toll-free at 800-544-8703 Monday–Friday, 8 a.m.– 6 p.m. and Saturday, 8 a.m.–noon.

Maryland Consumer Health Benefits 2027 (continued)

CareFirst Family of health care plans

	Maryland CareFirst Plans		Gold				Catastrophic
			BlueChoice HMO Value Gold 1300	BluePreferred PPO Value Gold 1300	BlueChoice HMO Gold 1750 Virtual Connect Plus	BlueChoice HMO Gold 0 Virtual Connect Plus	BlueChoice HMO Young Adult 12000 Virtual Connect Plus
	Plan Type		HMO[1]	PPO[2]	HMO[1]	HMO[1]	HMO[1]
	Visit **carefirst.com/doctor** to view participating doctors and facilities—search by plan:		BlueChoice HMO	BluePreferred PPO	BlueChoice HMO	BlueChoice HMO	BlueChoice HMO
	DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM		In-Network	In-Network	In-Network	In-Network	In-Network
1	**Deductible**[3]		Individual: $1,300 Family: $2,600	Individual: $1,300 Family: $2,600	Individual: $1,750 Family: $3,500	Individual: $0 Family: $0	Individual: $12,000 Family: $24,000
2	**Out-of-Pocket Maximum**[4]		Individual: $9,700 Family: $19,400	Individual: $9,700 Family: $19,400	Individual: $8,550 Family: $17,100	Individual: $10,000 Family: $20,000	Individual: $12,000 Family: $24,000
	PREVENTIVE SERVICES						
3	**Preventive Care** (e.g., adult physical, well-child care, cancer screenings)		No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge	No charge, no deductible
	PRIMARY CARE AND SPECIALIST SERVICES						
4	**Primary Care Provider (PCP) Visits—Office/Non-Hospital** (non-preventive)		$10 copay, no deductible	$10 copay, no deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge, no deductible (**carefirst.com/virtualconnect**) All other providers—No charge, no deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge (**carefirst.com/virtualconnect**) All other providers—$30 copay	All providers—Visits 1–3: No charge, no deductible[5] Visits 4+: No charge after deductible
5	**Specialist Visits—Office/Non-Hospital**		$40 copay, no deductible	$40 copay, no deductible	$40 copay, no deductible	$65 copay	No charge after deductible
6	**HOSPITAL CHARGE** Add this charge if your primary care or specialist visit takes place in a hospital setting		$145 copay, no deductible	$145 copay, no deductible	$75 copay after deductible	$100 copay	No charge after deductible
	RETAIL CLINICS, URGENT AND EMERGENCY SERVICES						
7	**Convenience Care/Retail Health Clinics**		$10 copay, no deductible	$10 copay, no deductible	No charge, no deductible	$30 copay	No charge after deductible
8	**Urgent Care Center**		$40 copay, no deductible	$40 copay, no deductible	$50 copay, no deductible	$80 copay	No charge after deductible
9	**Emergency Room** (hospital charge—copays are waived if you are admitted)		$450 copay after deductible	$450 copay after deductible	$300 copay after deductible	$500 copay	No charge after deductible
	DIAGNOSTIC SERVICES						
10	**Labs**[6]	Office/Non-Hospital	$40 copay, no deductible (Labcorp only)	$40 copay, no deductible	$15 copay after deductible (Labcorp only)	$30 copay (Labcorp only)	No charge after deductible (Labcorp only)
11		Outpatient Hospital	$40 copay, no deductible[7]	$40 copay, no deductible	$60 copay after deductible[7]	$80 copay[7]	No charge after deductible[7]
12	**X-rays**[6]	Office/Non-Hospital	$60 copay, no deductible	$60 copay, no deductible	$65 copay after deductible	$65 copay	No charge after deductible
13		Outpatient Hospital	$60 copay, no deductible[7]	$60 copay, no deductible	$100 copay after deductible[7]	$100 copay[7]	No charge after deductible[7]
14	**Imaging** (e.g., MRI, Cat Scan, CT Scan)	Office/Non-Hospital	$400 copay after deductible	$400 copay after deductible	$250 copay after deductible	$250 copay	No charge after deductible
15		Outpatient Hospital	$400 copay after deductible[7]	$400 copay after deductible	$350 copay after deductible[7]	$500 copay[7]	No charge after deductible[7]
	OUTPATIENT SURGERY *(Members are responsible for both facility and physician charges)*						
16	**Outpatient Surgery** (physician charge)	Non-Hospital/ Surgical Center	$145 copay, no deductible	$145 copay, no deductible	$40 copay after deductible	$65 copay	No charge after deductible
17		Hospital	$145 copay, no deductible[7]	$145 copay, no deductible	$40 copay after deductible[7]	$65 copay[7]	No charge after deductible[7]
18	**Outpatient Surgery** (facility charge)	Non-Hospital/ Surgical Center	$250 copay, no deductible	$250 copay, no deductible	$300 copay after deductible	$300 copay	No charge after deductible
19		Hospital	$250 copay, no deductible[7]	$250 copay, no deductible	$400 copay after deductible[7]	$400 copay[7]	No charge after deductible[7]
	INPATIENT HOSPITAL SERVICES *including all inpatient surgery, labor & delivery, mental health related visits (Members are responsible for both hospital and physician charges)*						
20	**Inpatient Services** (physician charge)		$30 copay, no deductible	$30 copay, no deductible	$40 copay after deductible	$65 copay	No charge after deductible
21	**Inpatient Services** (hospital charge)		$500 copay after deductible[7]	$500 copay after deductible	$450 copay/day after deductible (up to a copay maximum of $2,250)[7]	$500 copay/day (up to a maximum of $2,500)[7]	No charge after deductible[7]
	MATERNITY OFFICE VISITS						
22	**Preventive Prenatal & Postnatal Office Visits**[8]		No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge	No charge, no deductible
	ARTIFICIAL AND INTRAUTERINE INSEMINATION AND IN VITRO FERTILIZATION PROCEDURES						
23	**AI/IVF** (physician charge)		$10 copay, no deductible[7]	$10 copay, no deductible[7]	No charge, no deductible[7]	$30 copay	No charge after deductible[7]
	MENTAL HEALTH AND SUBSTANCE USE DISORDER						
24	**Office Visits**		$10 copay, no deductible	$10 copay, no deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge, no deductible (**carefirst.com/virtualconnect**) All other providers—No charge, no deductible	Virtual Connect Plus through selected providers, including CloseKnit[13]—No charge (**carefirst.com/virtualconnect**) All other providers—$30 copay	All providers—Visits 1–3: No charge, no deductible[5] Visits 4+: No charge after deductible
	PRESCRIPTION DRUGS[8]						
25	**Prescription Drug Deductible**		Individual: $150 Family: $300	Individual: $150 Family: $300	$150 per person (Tiers 2–5)	No separate drug deductible	No separate drug deductible; Must meet medical deductible first
26	**Prescription Drug Out-of-Pocket Maximum**		Individual: $700 Family: $1,400	Individual: $700 Family: $1,400	No separate drug out-of-pocket maximum	No separate drug out-of-pocket maximum	No separate drug out-of-pocket maximum
27	**Preventive Drugs (Tier 0)**		No charge, no deductible	No charge, no deductible	No charge, no deductible	No charge	No charge, no deductible
28	**Diabetic Supplies (Tier 0)**						
29	**Preferred Brand Insulin (Tier 0)**						
30	**Generic Drugs (Tier 1)**		$10 copay, no deductible	$10 copay, no deductible	$10 copay, no deductible	$15 copay	No charge after deductible
31	**Preferred Brand Drugs (Tier 2)**[10]		$35 copay, no deductible	$35 copay, no deductible	$50 copay after deductible	$50 copay	No charge after deductible
32	**Non-Preferred Brand Insulin (Tier 3)**		$30 copay, no deductible	$30 copay, no deductible	$30 copay, no deductible	$30 copay	No charge, no deductible
33	**Non-Preferred Brand Drugs (Tier 3)**[11]		$75 copay after deductible	$75 copay after deductible	$70 copay after deductible	$75 copay	No charge, after deductible
34	**Preferred Specialty Drugs (Tier 4)**[12]		$90 copay after deductible	$90 copay after deductible	$100 copay after deductible	$100 copay	
35	**Non-Preferred Specialty Drugs (Tier 5)**[12]		$90 copay after deductible	$90 copay after deductible	$150 copay after deductible	$150 copay	
	OUT-OF-NETWORK			Out-of-Network			
36	**Deductible**		N/A	Individual: $2,600 Family: $5,200	N/A	N/A	N/A
37	**Out-of-Pocket Maximum**		N/A	Individual: $19,400 Family: $38,800	N/A	N/A	N/A

Know before you go

Your health, your money, your decision

Value plans are plan designs that have standardized cost-sharing (i.e., deductible, out-of-pocket maximum, copays and coinsurance) for covered health services. All insurance carriers are required to sell Value plans in MD. With Value plans, the main difference is the provider network offered by each insurer.

PCP visits: The lowest copays and the best option for consistent, quality care.

Caution: Services on a hospital campus may incur a separate hospital charge.

Retail health clinics: Low copays and after-hours care for minor health concerns.

Caution—Emergency room: Highest out-of-pocket costs; explore other options for non-emergency care.

Labs/X-rays/Imaging: Use non-hospital facilities for the lowest copays.

Caution: These sevices will cost more if performed in a hospital.

Surgeries: Non-hospital (ambulatory) surgery centers will save you money on many outpatient surgeries.

Generic drugs: Always your lowest cost option; some are no charge and no deductible.

Caution: For the lowest cost, always visit doctors who are in-network.

Not all services and procedures are covered by your benefits contract. This benefit summary is for comparison purposes only and does not create rights not given through the benefit plan. The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or CareFirst.

Note: When multiple services are rendered on the same day by more than one provider, member payments are required for each provider.

[1] Health Maintenance Organization (HMO) plans underwritten by CareFirst BlueChoice, Inc.

[2] Preferred Provider Organization (PPO) plans underwritten by Group Hospitalization and Medical Services, Inc. or CareFirst of Maryland, Inc.

[3] For family coverage only—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.

[4] For family coverage only—When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the allowed benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the allowed benefit.

[5] You receive up to 3 non-preventive primary care visits without needing to meet a deductible.

[6] HMO plans: For in-network benefits, members must use Labcorp for laboratory services and freestanding facilities for diagnostic services and X-rays.

[7] Prior authorization required.

[8] For non-routine obstetrical care or complications of pregnancy, cost-sharing may apply.

[9] All out-of-pocket drug costs contribute to the in-network out-of-pocket maximum.

[10] If a generic drug becomes available for a preferred brand drug, the preferred brand drug moves to the non-preferred brand drug tier.

[11] If a provider prescribes a non-preferred brand drug and the member selects the non-preferred brand drug when a generic drug is available, the member shall pay the applicable copayment as stated above plus the difference between the price of the non-preferred brand drug and the generic drug up to the cost of the drug. This amount will not contribute to the in-network out-of-pocket maximum.

[12] Specialty drugs must be obtained through mail order at CVS Specialty Pharmacy.

[13] CloseKnit is the shared business name of Atlas Health, LLC, Comprehensive Primary Care and Associates, LLC, and CKNMG, LLC. Atlas Health, LLC and Comprehensive Primary Care and Associates, LLC provide in person and telehealth services to CareFirst members and are corporate affiliates within the CareFirst, Inc. corporate umbrella of companies. CKNMG, LLC is an independent company providing in person and telehealth services to CareFirst members.

Benefit designs are subject to and may be impacted by certain state regulations.

To view participating pharmacies and find out how drugs are covered (e.g., generic vs. non-preferred brand) please visit **carefirst.com/acarx**. Please note there are coverage limitations for using non-participating pharmacies.

See a summary of any plan and a glossary of common health insurance terms by visiting **carefirst.com/individual**. Just enter your ZIP code, gender and date of birth to view and compare plans. Look for the Summary of Benefits & Coverage and Uniform Glossary of Coverage & Medical Terms links for each plan by clicking on the plan name and scrolling to the bottom of the box.

For more information on Out-of-area care and benefit coverage please visit the **Health Plan Information page**.

Questions? Ask your broker or call one of our product specialists at 410-356-8000 or toll-free at 800-544-8703 Monday–Friday, 8 a.m.– 6 p.m. and Saturday, 8 a.m.–noon.

2027 MARYLAND POLICY FORM NUMBERS

BlueChoice HMO Young Adult $12,000
MD/CFBC/YA/IEA (1/27); MD/CFBC/CD/DOL APPEAL (1/26); MD/CFBC/EXC/HMO/DOCS/VC (1/27); MD/CFBC/EXC/HMO/YA 12000 VC+ (1/27); MD/CFBC/DB/HB2/BLUECARD (R.1/20); MD/CFBC/DB/AUTH AMEND (R. 1/27); MD/PT PROTECT (9/10); CFBC – DISCLOSURE 10/15; MMDAP (5/26); CFBC HEALTH GUARANTY 1/22; MD/CFBC/CD/HMO/INCENT (1/23) and any amendments.

BlueChoice HMO Value Silver $4,500
MD/CFBC/HMO/IEA (1/27); MD/CFBC/CD/DOL APPEAL (1/26); MD/CFBC/EXC/HMO OA/DOCS (1/27); MD/CFBC/EXC/HMO OA/DOCS/VC (1/27); MD/CFBC/DB/BC HMO/VAL SIL 4500 (1/27); MD/CFBC/EXC/BC HMO/VAL SIL 4500 Vis+ (1/27); MD/CFBC/DB/HB2/BLUECARD (R.1/20); MD/CFBC/EXC/2018 VIS+ AMEND (1/18); MD/CFBC/DB/AUTH AMEND (R. 1/27); MD/PT PROTECT (9/10); CFBC – DISCLOSURE 10/15; MMDAP (5/26); CFBC HEALTH GUARANTY 1/22; MD/CFBC/CD/HMO/INCENT (1/23) and any amendments.

BlueChoice HMO Value Silver $3,700 Virtual Connect Plus
MD/CFBC/HMO/IEA (1/27); MD/CFBC/CD/DOL APPEAL (1/26); MD/CFBC/EXC/HMO OA/DOCS (1/27); MD/CFBC/EXC/HMO OA/DOCS/VC (1/27); MD/CFBC/DB/BC HMO HSA/SIL 3700 VC+ (1/27); MD/CFBC/EXC/BC HMO HSA/SIL 3700 Vis+ VC+ (1/27); MD/CFBC/DB/HB2/BLUECARD (R.1/20); MD/CFBC/EXC/2018 VIS+ AMEND (1/18); MD/CFBC/DB/AUTH AMEND (R. 1/27); MD/PT PROTECT (9/10); CFBC – DISCLOSURE 10/15; MMDAP (5/26); CFBC HEALTH GUARANTY 1/22; MD/CFBC/CD/HMO/INCENT (1/23) and any amendments.

BlueChoice HMO Referral Silver $2,500 Virtual Connect Plus
MD/CFBC/HMO/IEA (1/27); MD/CFBC/CD/DOL APPEAL (1/26); MD/CFBC/EXC/HMO REF/DOCS/VC (1/27); MD/CFBC/DB/BC HMO REF/SIL 2500 VC+ (1/27); MD/CFBC/EXC/BC HMO REF/SIL 2500 Vis+ VC+ (1/27); MD/CFBC/DB/HB2/BLUECARD (R.1/20); MD/CFBC/EXC/2018 VIS+ AMEND (1/18); MD/CFBC/HMO REF/AUTH AMEND (1/27); MD/PT PROTECT (9/10); CFBC – DISCLOSURE 10/15; MMDAP (5/26); CFBC HEALTH GUARANTY 1/22; MD/CFBC/CD/HMO/INCENT (1/23) and any amendments.

BlueChoice HMO Bronze $6,100 Virtual Connect Plus
MD/CFBC/HMO/IEA (1/27); MD/CFBC/CD/DOL APPEAL (1/26); MD/CFBC/EXC/HMO OA/DOCS (1/27); MD/CFBC/EXC/HMO OA/DOCS/VC (1/27); MD/CFBC/EXC/BC HMO/BRZ 6100 VC+ (1/27); MD/CFBC/DB/HB2/BLUECARD (R.1/20); MD/CFBC/DB/AUTH AMEND (R. 1/27); MD/PT PROTECT (9/10); CFBC – DISCLOSURE 10/15; MMDAP (5/26); CFBC HEALTH GUARANTY 1/22; MD/CFBC/CD/HMO/INCENT (1/23) and any amendments.

BlueChoice HMO Value Bronze $11,110
MD/CFBC/HMO/IEA (1/27); MD/CFBC/CD/DOL APPEAL (1/26); MD/CFBC/EXC/HMO OA/DOCS (1/27); MD/CFBC/EXC/HMO OA/DOCS/VC (1/27); MD/CFBC/EXC/BC HMO/VAL BRZ 11110 (1/27); MD/CFBC/DB/HB2/BLUECARD (R.1/20); MD/CFBC/DB/AUTH AMEND (R. 1/27); MD/PT PROTECT (9/10); CFBC – DISCLOSURE 10/15; MMDAP (5/26); CFBC HEALTH GUARANTY 1/22; MD/CFBC/CD/HMO/INCENT (1/23) and any amendments.

BlueChoice HMO Gold $1,750 Virtual Connect Plus
MD/CFBC/HMO/IEA (1/27); MD/CFBC/CD/DOL APPEAL (1/26); MD/CFBC/EXC/HMO OA/DOCS (1/27); MD/CFBC/EXC/HMO OA/DOCS/VC (1/27); MD/CFBC/EXC/BC HMO/GOLD 1750 VC+ (1/27); MD/CFBC/DB/HB2/BLUECARD (R.1/20); MD/CFBC/DB/AUTH AMEND (R. 1/27); MD/PT PROTECT (9/10); CFBC – DISCLOSURE 10/15; MMDAP (5/26); CFBC HEALTH GUARANTY 1/22; MD/CFBC/CD/HMO/INCENT (1/23) and any amendments.

BlueChoice HMO HSA Bronze $6,550 Virtual Connect Plus
MD/CFBC/HMO/IEA (1/27); MD/CFBC/CD/DOL APPEAL (1/26); MD/CFBC/EXC/HMO OA/DOCS (1/27); MD/CFBC/EXC/HMO OA/DOCS/VC (1/27); MD/CFBC/EXC/BC HMO HSA/BRZ 6550 VC+ (1/27); MD/CFBC/DB/HB2/BLUECARD (R.1/20); MD/CFBC/DB/AUTH AMEND (R. 1/27); MD/PT PROTECT (9/10); CFBC – DISCLOSURE 10/15; MMDAP (5/26); CFBC HEALTH GUARANTY 1/22; MD/CFBC/CD/HMO/INCENT (1/23) and any amendments.

BlueChoice HMO Value Gold $1,300
MD/CFBC/HMO/IEA (1/27); MD/CFBC/CD/DOL APPEAL (1/26); MD/CFBC/EXC/HMO OA/DOCS (1/27); MD/CFBC/EXC/HMO OA/DOCS/VC (1/27); MD/CFBC/EXC/BC HMO/VAL GOLD 1300 (1/27); MD/CFBC/DB/HB2/BLUECARD (R.1/20); MD/CFBC/DB/AUTH AMEND (R. 1/27); MD/PT PROTECT (9/10); CFBC – DISCLOSURE 10/15; MMDAP (5/26); CFBC HEALTH GUARANTY 1/22; MD/CFBC/CD/HMO/INCENT (1/23) and any amendments.

BlueChoice HMO Gold $0 Virtual Connect Plus
MD/CFBC/HMO/IEA (1/27); MD/CFBC/CD/DOL APPEAL (1/26); MD/CFBC/EXC/HMO OA/DOCS (1/27); MD/CFBC/EXC/HMO OA/DOCS/VC (1/27); MD/CFBC/EXC/BC HMO/GOLD 0 VC+ (1/27); MD/CFBC/DB/HB2/BLUECARD (R.1/20); MD/CFBC/DB/AUTH AMEND (R. 1/27); MD/PT PROTECT (9/10); CFBC – DISCLOSURE 10/15; MMDAP (5/26); CFBC HEALTH GUARANTY 1/22; MD/CFBC/CD/HMO/INCENT (1/23) and any amendments.

BluePreferred PPO Value Silver $4,500
CFMI/PPO/IEA (1/27); CFMI/CD/DOL APPEAL (R. 1/26); CFMI/EXC/PPO/DOCS (1/27); CFMI/EXC/PPO/DOCS/VC (1/27); CFMI/DB/BP PPO/VAL SIL 4500 (1/27); CFMI/EXC/BP PPO/VAL SIL 4500 Vis+ (1/27); MD/CFMI/ANCILLARY AMEND (10/12); CFMI/BLUECARD-DB (1/12); CFMI/DB/AUTH AMEND (R. 1/27); CFMI HEALTH GUARANTY 1/22; CFMI/EXC/2018 VIS+ AMEND (1/18); MD/PT PROTECT (9/10); CFMI – DISCLOSURE 10/15; MMDAP (5/26); CFMI/CD/BP/INCENT (1/23) and any amendments. MD/CF/PPO/IEA (1/27); MD/GHMSI/CD/DOL APPEAL (1/26); MD/CF/EXC/PPO/DOCS (1/27); MD/CF/EXC/PPO/DOCS/VC (1/27); MD/CF/EXC/BP PPO/VAL BRZ 11110 (1/27); MD/CF/DB/AUTH AMEND (R. 1/27); MD/CF/ANCILLARY AMEND (10/12); MD/CF/DB/BLCRD (1/12); MD NCA–HEALTH GUARANTY 1/22; MD/PT PROTECT (9/10); GHMSI – DISCLOSURE 10/15; MMDAP (5/26); MD/CF/CD/BP/INCENT (1/23) and any amendments.

BluePreferred PPO Value Bronze $11,110
CFMI/PPO/IEA (1/27); CFMI/CD/DOL APPEAL (R. 1/26); CFMI/EXC/PPO/DOCS (1/27); CFMI/EXC/PPO/DOCS/VC (1/27); CFMI/EXC/BP PPO/VAL BRZ 10150 (1/26); MD/CFMI/ANCILLARY AMEND (10/12); CFMI/BLUECARD-DB (1/12); CFMI/DB/2026 AMEND (1/26); CFMI/CD/MAP AMEND (1/26); CFMI/DB/AUTH AMEND (R. 1/26); CFMI HEALTH GUARANTY 1/22; CFMI/EXC/2018 VIS+ AMEND (1/18); MD/PT PROTECT (9/10); CFMI – DISCLOSURE 10/15; MMDAP (5/26); CFMI/CD/BP/INCENT (1/23) and any amendments. MD/CF/PPO/IEA (1/27); MD/GHMSI/CD/DOL APPEAL (1/26); MD/CF/EXC/PPO/DOCS (1/27); MD/CF/EXC/PPO/DOCS/VC (1/27); MD/CF/EXC/BP PPO/VAL BRZ 11110 (1/27); MD/CF/DB/AUTH AMEND (R. 1/27); MD/CF/ANCILLARY AMEND (10/12); MD/CF/DB/BLCRD (1/12); MD NCA–HEALTH GUARANTY 1/22; MD/PT PROTECT (9/10); GHMSI – DISCLOSURE 10/15; MMDAP (5/26); MD/CF/CD/BP/INCENT (1/23) and any amendments.

BluePreferred PPO Value Gold $1,300
CFMI/PPO/IEA (1/27); CFMI/CD/DOL APPEAL (R. 1/26); CFMI/EXC/PPO/DOCS (1/27); CFMI/EXC/PPO/DOCS/VC (1/2); CFMI/EXC/BP PPO/VAL GOLD 1300 (1/27); MD/CFMI/ANCILLARY AMEND (10/12); CFMI/BLUECARD-DB (1/12); CFMI/DB/AUTH AMEND (R. 1/27); CFMI HEALTH GUARANTY 1/22; MD/PT PROTECT (9/10); CFMI – DISCLOSURE 10/15; MMDAP (5/26); CFMI/CD/BP/INCENT (1/23) and any amendments. MD/CF/PPO/IEA (1/27); MD/GHMSI/CD/DOL APPEAL (1/26); MD/CF/EXC/PPO/DOCS (1/27); MD/CF/EXC/PPO/DOCS/VC (1/27); MD/CF/EXC/BP PPO/VAL GOLD 1300 (1/27); MD/CF/DB/AUTH AMEND (R. 1/27); MD/CF/ANCILLARY AMEND (10/12); MD/CF/DB/BLCRD (1/12); MD NCA–HEALTH GUARANTY 1/22; MD/PT PROTECT (9/10); GHMSI – DISCLOSURE 10/15; MMDAP (5/26); MD/CF/CD/BP/INCENT (1/23) and any amendments.

BluePreferred PPO HSA Silver $3,700 Virtual Connect Plus
CFMI/PPO/IEA (1/27); CFMI/CD/DOL APPEAL (R. 1/26); CFMI/EXC/PPO/DOCS (1/27); CFMI/EXC/PPO/DOCS/VC (1/27); CFMI/DB/BP PPO HSA/SIL 3700 VC+ (1/27); CFMI/EXC/BP PPO HSA/SIL 3700 Vis+ VC+ (1/27); MD/CFMI/ANCILLARY AMEND (10/12); CFMI/BLUECARD-DB (1/12); CFMI/DB/AUTH AMEND (R. 1/27); CFMI HEALTH GUARANTY 1/22; CFMI/EXC/2018 VIS+ AMEND (1/18); MD/PT PROTECT (9/10); CFMI – DISCLOSURE 10/15; MMDAP (5/26); CFMI/CD/BP/INCENT (1/23) and any amendments. MD/CF/PPO/IEA (1/27); MD/GHMSI/CD/DOL APPEAL (1/26); MD/CF/EXC/PPO/DOCS (1/27); MD/CF/EXC/PPO/DOCS/VC (1/27); MD/CF/DB/BP PPO HSA/SIL 3700 VC+ (1/27); MD/CF/EXC/BP PPO HSA/SIL 3700 Vis+ VC+ (1/27) MD/CF/DB/AUTH AMEND (R. 1/27); MD/CF/EXC/2018 VIS+ AMEND (1/18); MD/CF/ANCILLARY AMEND (10/12); MD/CF/DB/BLCRD (1/12); MD NCA–HEALTH GUARANTY 1/22; MD/PT PROTECT (9/10); GHMSI – DISCLOSURE 10/15; MMDAP (5/26); MD/CF/CD/BP/INCENT (1/23) and any amendments.

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