CareFirst
Family of health care plans



# Consumer Health Insurance Plans

FOR RESIDENTS OF NORTHERN VIRGINIA
WHO BUY THEIR OWN INSURANCE

2026

# Welcome



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

We created this book to help you choose the plan that best suits your specific needs. For 2026, CareFirst offers the following plans:

- BlueChoice HMO Young Adult 10600 Med Ded Virtual Connect Plus*
- BlueChoice HMO Referral Bronze 8250 Med Ded 25 Dent Ded Virtual Connect Plus
- BlueChoice HMO Standard Bronze 7500 Med Ded 25 Dent Ded
- BlueChoice HMO Standard Silver 6000 Med Ded 25 Dent Ded
- BluePreferred PPO Standard Silver 6000 Med Ded 25 Dent Ded
- BlueChoice HMO HSA Silver 3400 Med Ded 25 Dent Ded Virtual Connect Plus
- BluePreferred PPO HSA Silver 3400 Med Ded 25 Dent Ded Virtual Connect Plus
- BlueChoice HMO Standard Gold 2000 Med Ded 25 Dent Ded
- BluePreferred PPO Standard Gold 2000 Med Ded 25 Dent Ded
- BlueChoice HMO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect Plus
- BluePreferred PPO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect Plus

When you choose us as your health insurer, you're protected by the nation's oldest and largest family of independent health benefits companies. For more than 80 years, we've provided our community with healthcare coverage. We're committed to being there when you need us for many years to come.

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

Sincerely,

Nicole Marrazzo
Vice President, Consumer Sales

*Available to individuals under the age of 30 and those who qualify for a hardship exemption. Visit your state's Exchange for more details.

## Contents

Welcome . . . . . 1

Before You Choose a Plan . . . . . 3

How Health Insurance Works . . . . . 4

Included With Every CareFirst Plan . . . . . 5

Dental Plans for Adults . . . . . 10

Know Before You Go . . . . . 13

Choosing Your Plan . . . . . 15

Four Ways To Enroll . . . . . 18

Application . . . . . 19

Glossary . . . . . 27

Our Commitment to You . . . . . 29

Rights and Responsibilities . . . . . 30

Notice of Nondiscrimination and
Availability of Language Assistance Services . . . . . 36

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.

# Before You Choose a Plan

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

## Understand metal levels

Under the Affordable Care Act (ACA) there are four categories of health coverage—Bronze, Silver, Gold and Platinum—called metal levels. All health plans fall into a metal level depending on the share of healthcare expenses they cover. For example, Bronze plans have higher deductibles than other metal level plans.

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

- Bronze
- Silver
- Gold

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

## What is a Standard plan?

Standard plans 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 Standard plans in Virginia. With Standard plans, the main difference is the provider network offered by each insurer.

## Consider a Health Savings Account

A health savings account (HSA) is a tax-exempt medical savings account that can be used to pay for your own—and your dependents'—eligible health expenses. HSAs enable you to pay for eligible health expenses and save for future health expenses on a tax-free basis.

### New for 2026

- **2 new plan options**
  - BlueChoice HMO Standard Bronze 7500 Med Ded 25 Dent Ded
  - BlueChoice HMO Referral Bronze 8250 Med Ded 25 Dent Ded Virtual Connect Plus
- **$0 select generic medications** are now available pre-deductible on select plans
- **New Member Assistance Program** available to all members
- **Enhanced maternity benefit** to include group prenatal care

## Look into financial assistance

There are two types of financial assistance (also called subsidies) available:

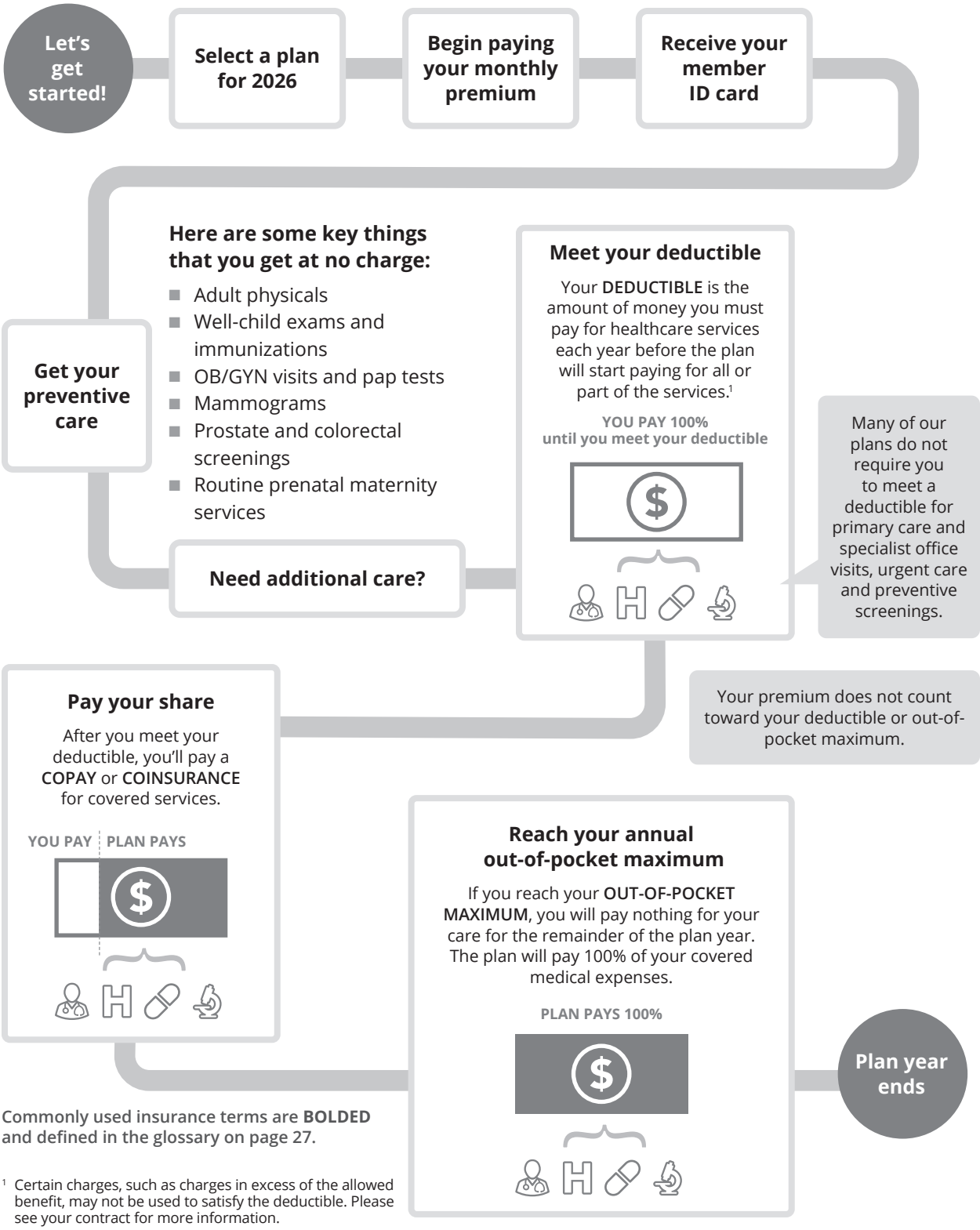
**A tax credit to help pay your monthly premium**—This subsidy helps reduce your monthly premium. Once you qualify, your tax credit will be sent to CareFirst and applied to your bill, reducing your premium. If you qualify for this type of assistance, you can use it toward the purchase of any plan—Silver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

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

Note: If you are an existing member and you qualified for financial assistance in 2025 but did not elect automatic reassessment, you need to contact the Virginia Health Benefit Exchange. You will be re-evaluated for financial assistance for 2026 during Open Enrollment from November 1, 2025–January 15, 2026.

# How Health Insurance Works

To help you understand your health plan options, it's important to understand a bit about health insurance. The graphic below explains how health insurance works and defines some key terms. For lists of common covered and non-covered benefits, please visit the **What Benefits Are Covered** on our website.




Commonly used insurance terms are **BOLDED** and defined in the glossary on page 27.

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

# Included With Every CareFirst Plan

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

- **Chronic condition care**
- **Prescription drug coverage**
- **Vision examination for members over age 19**
- **Dental and vision coverage for members under age 19**
- **Enhanced diabetes benefit**

## Chronic condition care

CareFirst is committed to improving support for our members with chronic conditions. We offer four separate programs designed to provide enhanced care and promote better outcomes for those facing ongoing challenges.

- **Chronic Kidney Disease Program:** Care management aimed at slowing the progression of your disease and supporting transition to dialysis
- **Diabetes Support Program:** A variety of resources to help control your diabetes, including weight management, fitness, nutrition, personalized counseling and more
- **Joint and Muscle Health Program:** Virtual-first care focused on reducing your pain, increasing your range of motion and improving your overall health
- **Palliative Care Program:** Personalized symptom management aimed at relieving pain and enhancing the quality of your life during advanced to end-stage disease

## Prescription drug coverage

As a CareFirst member, your prescription coverage includes:

- Opioid Reversal Agents are covered at $0 copay (deductible applies for select plans).
- All plans include Rx Cost Saver, which gives you access to the lowest prices on many commonly prescribed non-specialty generic drugs. Your costs automatically count toward your deductible (if you have one) and out-of-pocket maximum.
- A nationwide network of more than 66,000 participating pharmacies
- Access to thousands of covered prescription drugs on our formulary (drug list), divided into tiers. The price you pay for a drug is determined by the tier it falls into.
  - **Generic Drugs (Tier 1)**—Generic drugs are equally safe and effective as brand-name drugs, but generics cost up to 80% less. Ask your doctor if your prescription medication can be filled with a generic alternative.
  - **Preferred Brand-Name Drugs (Tier 2)**—Brand-name drugs that may not yet be available in generic form, but have been reviewed for quality, effectiveness, safety and cost by an independent national committee of healthcare professionals
  - **Non-Preferred Brand-Name Drugs (Tier 3)**—These drugs often have a generic or preferred brand drug option where your cost share will be lower. You'll pay more for drugs in this tier. If you choose a non-preferred drug when a generic is available, you'll pay the non-preferred copay along with the difference in price between the generic and non-preferred drug.
  - **Preferred Specialty Drugs (Tier 4)**—Drugs used to treat chronic, complex and/or rare health conditions. These drugs may have a lower cost share than non-preferred specialty drugs.
  - **Non-Preferred Specialty Drugs (Tier 5)**—These drugs often have a specialty drug option where your cost share will be lower.
- Mail Order Pharmacy, our convenient and fast mail order drug program.
  - Save money on your maintenance medications—drugs you take daily to treat a chronic condition like high cholesterol—by having them delivered right to your home. With mail order, you can get a three-month supply for the same cost as two monthly copays.
- Coordinated medical and pharmacy programs to help improve your overall health and reduce costs.
- Personalized care management notices detailing cost-savings opportunities, safety alerts and important drug information.

## Virtual Diabetes Care Program

For members who need help stabilizing their type 2 diabetes, our Diabetes Virtual Care Program provides personalized support with easy-to-use tools—all at no cost.

**Eligible members will be contacted about joining the program.**

Once enrolled, you'll receive a welcome kit, connected device and testing supplies. You'll also have access to certified diabetes educators who can answer questions and help you meet your health goals through a personalized plan. Learn more about diabetes support on our website.

## Health and wellness

Ready to take charge of your health? CareFirst WellBeing℠ puts the power in your hands.[1]

Your well-being program provides a wealth of tools and resources, as well as easy-to-understand recommendations and insights that reflect your individual interests and needs.

- **Personalized timeline:** Receive content based on your health and well-being goals, as well as your interests.
- **Trackers:** Connect your wearable devices or enter your own data to monitor daily habits like stress, sleep, steps, nutrition and more.
- **Challenges:** Stay motivated to achieve your health goals by joining a challenge.
- **Health profile:** Access your health data—including biometric and lab results, vaccine information and medications—all in one place.

You also have access to additional support to help you take on your wellness goals with confidence, including:

- **Tobacco cessation**: Quitting smoking and other forms of tobacco can lower your risk for many serious conditions. Access expert guidance, support and tools to make quitting easier than you might think.
- **Financial well-being**: Learn how to take small steps toward big improvements in your financial situation. Whether you are planning for your child's education, your own retirement or other goals, the financial well-being program can help.

### Blue Rewards incentives

Both you and your spouse or domestic partner can each earn up to $150 in your Blue Rewards account for completing one or all of the following activities:

- **Earn $50**—Consent to receive wellness emails and take the RealAge® assessment. RealAge is a simple questionnaire that will help you determine the physical age of your body compared to your calendar age. You must complete within 180 days of your effective date.
- **Earn $100**—Select a primary care provider (PCP) and complete a health screening. You can visit your PCP or a CVS MinuteClinic®[2] to complete your screening. You must complete within 180 days of your effective date.

Visit **carefirst.com/wellbeing** for more information.

[1] This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

[2] CVS MinuteClinic is an independent company that provides medical services to CareFirst members. CVS MinuteClinic does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the medical services it provides.

## Blue365 Discount Program

As a CareFirst member, you can get premier health and wellness deals from leading national and local retailers. Better yet, Blue365 is free to join.

Discount categories include:

- Fitness, including gym memberships
- Nutrition
- Apparel and footwear
- Hearing and vision
- Home and family
- Personal care
- Travel

Explore all the discounts Blue365 offers at **carefirst.com/wellnessdiscounts**.

## Traveling outside the service area or the U.S.?

### BlueCard

If you choose a PPO CareFirst plan, you're automatically enrolled in the BlueCard program. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home.

More than 91% of all doctors, specialists and hospitals throughout the United States contract with Blue Cross Blue Shield Association plans. With your CareFirst member ID card, you can access providers and hospitals almost anywhere.

**Within the United States**

1. Always carry your current member ID card for easy reference and access to services.
2. To find names and addresses of nearby providers and hospitals, visit **carefirst.com/doctor** or call BlueCard Access at **800-810-BLUE (2583)**.
3. Call Member Services for precertification or prior authorization, if necessary. Refer to the phone number on your member ID card because it's different from the BlueCard Access number listed in Step 2.
4. Present your member ID card at the participating provider's office.
5. You should not have to complete any claim forms or pay upfront for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete Explanation of Benefits (EOB).

### Blue Cross Blue Shield Global® Core

Just like your passport, you should always carry your CareFirst member ID card when traveling outside the United States. Our Global Core program—included in every CareFirst plan—ensures you can get medical assistance services and access to providers, hospitals and other healthcare professionals in nearly 200 countries.

The process is the same as if you were in the United States, with the following exceptions:

- In most cases, you shouldn't have to pay upfront for inpatient care at Global Core hospitals; the hospital should submit your claim. You are responsible for the usual out-of-pocket expenses.
- At non-Global Core hospitals, you pay the provider or hospital for inpatient care, outpatient hospital care and other medical services. To be reimbursed, you'll need to complete an international claim form and send it to the Global Core Service Center. The claim form is available online at **bcbsglobalcore.com**.
- To find a BlueCard provider outside the United States, visit **bcbs.com**, select *Find a Doctor*.

### Medical assistance when outside the United States

Call **800-810-BLUE (2583)** for information on doctors, hospitals and other healthcare professionals or to receive medical assistance services. A medical assistance vendor, in conjunction with a medical professional, will make an appointment with a provider or arrange hospitalization if necessary.

### Blue Cross Blue Shield Global Core mobile app

With the Global Core mobile app, you have help in the palm of your hand and convenient access to doctors, hospitals and resources worldwide. At a glance, you can find doctors, translate medical terms and access local emergency information. For more, visit **bcbsglobalcore.com/Home/MobileApp**.

## My Account and mobile access

As a CareFirst member, your personalized benefit information is available 24/7. Register for My Account for secure online access to your coverage details, ID card and more. Plus, you'll also be able to quickly locate in-network providers and facilities nationwide.

### My Account at a glance:

- Check the status of claims, remaining deductibles and out-of-pocket totals
- Review your Explanation of Benefits (EOBs)
- View copays and identify other expenses for which you may be responsible
- View, order or print your member ID card
- Confirm if a referral or preauthorization is required for a specific service, if applicable to your plan
- For those of you who buy insurance directly through CareFirst or an exchange, auto bill pay can make managing your premium payments easier.

Visit **carefirst.com/myaccount** to register.

## Member Assistance Program (MAP)

When personal issues arise, CareFirst BlueCross BlueShield's Member Assistance Program (MAP) provides mental, physical, social or financial support to help you bounce back. Powered by TELUS Health*, you and your eligible household members can use the program at no cost any time 24/7, 365 days a year. Whether you have questions about handling stress at work and home, parenting and child care, managing money or health issues, you can turn to TELUS Health for a confidential service that you can trust.

- Life
- Health
- Money
- Family
- Work
- Retirement
- Midlife
- Student Life
- Legal
- Relationships
- Disabilities

*TELUS Health is an independent company that provides employee assistance program (EAP) and member assistance program (MAP) services to CareFirst customers and members.

## Vision coverage

Every CareFirst health plan includes an annual vision examination for everyone covered by your plan. In-network benefits are offered to you through Davis Vision,[1] our administrator for the plans. Out-of-network benefits are also available.

| **Pediatric coverage (up to age 19) includes:** | | |
|---|---|---|
| ■ One no-charge in-network routine exam per calendar year | ■ No copay* for frames and basic lenses for glasses or contact lenses in the Davis Vision collection | ■ No claims to file when you use a provider who contracts with Davis Vision |
| ■ Online Vision Providers are not in network for Pediatric Vision Coverage. Online Vision Provider may offer discounts. | | |
| **Adult coverage (age 19 and over) includes:** | | |
| ■ One no-charge in-network routine exam[1] per calendar year | ■ Discounts[2] of approximately 30 percent on eyeglass lenses, frames and contacts, laser vision correction, scratch-resistant lens coating and progressive lenses | ■ No claims to file when you use a provider who contracts with Davis Vision |

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

* For BlueChoice HMO Young Adult plans, all pediatric vision services are subject to the medical deductible, except for the routine vision exam.

[1] Davis Vision is an independent company.

[2] As of April 1, 2014, some providers in Maryland and Virginia may no longer provide these discounts. Provider participation varies from year-to-year. Make sure to call in advance to confirm discounts.

## Dental coverage for children up to age 19

Did you know that dental care can help detect other health problems before they become more serious? The health of your child's teeth has a major impact on digestion, growth rate and many other aspects of overall health. That's why all CareFirst medical plans provide kids under age 19 with dental benefits at no extra charge.

| Pediatric Dental (under 19) | Silver & Gold Plans | | BlueChoice HMO Young Adult Plan | |
|---|---|---|---|---|
| | In-Network You Pay | Out-of-Network You Pay | In-Network You Pay | Out-of-Network You Pay |
| **Cost** | Included in your medical plan premium | | | |
| **Deductible** | In-network: $25 per individual per calendar year (applies to Classes II, III & IV) | Out-of-network: $50 per individual per calendar year (applies to Classes II, III & IV) | Subject to medical deductible (applies to Classes II, III, IV & V) | |
| **Network** | Over 4,700 providers in MD, DC and Northern VA; 135,000 dental providers nationally | | | |
| **Preventive & Diagnostic Services (Class I)**—*Exams (2 per year), cleanings (2 per year), fluoride treatments (2 per year), sealants, bitewing X-rays (2 per year), full mouth X-ray (one every 3 years)* | No charge (no deductible) | 20% of Allowed Pediatric Dental Benefit* (no deductible) | No charge (no deducible) | No charge (no deductible) |
| **Basic Services (Class II)**—*Fillings (amalgam or composite), simple extractions, non-surgical periodontics* | 20% of Allowed Pediatric Dental Benefit* (after dental deductible) | 40% of Allowed Pediatric Dental Benefit* (after dental deductible) | No charge (after medical deductible) | No charge (after medical deductible) |
| **Major Services—Surgical (Class III)**—*Surgical periodontics, endodontics, oral surgery* | 20% of Allowed Pediatric Dental Benefit* (after dental deductible) | 40% of Allowed Pediatric Dental Benefit* (after dental deductible) | No charge (after medical deductible) | No charge (after medical deductible) |
| **Major Services—Restorative (Class IV)**—*Crowns, dentures, inlays and onlays* | 50% of Allowed Pediatric Dental Benefit* (after dental deductible) | 65% of Allowed Pediatric Dental Benefit* (after dental deductible) | No charge (after medical deductible) | No charge (after medical deductible) |
| **Orthodontic Services (Class V)**—*when medically necessary* | 50% of Allowed Pediatric Dental Benefit* (no deductible) | 65% of Allowed Pediatric Dental Benefit* (no deductible) | No charge (after medical deductible) | No charge (after medical deductible) |

Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

* CareFirst payments are based on the CareFirst Dental Allowed Benefit. Participating dentists accept 100% of the CareFirst Dental Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for any amount over the Dental Allowed Benefit. Providers are not required to accept CareFirst's Dental Allowed Benefit on non-covered services. This means you may have to pay your dentist's entire billed amount for these non-covered services. At your dentist's discretion, they may choose to accept the CareFirst Dental Allowed Benefit, but are not required to do so. Please talk with your dentist about your cost for any dental services.

# Dental Plans for Adults

## Three optional dental plans

Adults age 19 and older want to consider purchasing one of our three dental plans:

- **BlueDental Preferred Low Option**
- **BlueDental Preferred High Option**
- **Individual Select Preferred Dental**

For more information, including an application, just mail in the postage-paid card attached on the next page. If you'd like to talk to a dental product consultant, please call 855-503-4862.

| | BlueDental Preferred Low Option* | BlueDental Preferred High Option* | Select Preferred Dental* |
|---|---|---|---|
| | In-network You Pay *(Out-of-network coverage available)* | | |
| **Deductible** | $100 Individual/$300 Family (applies to Classes I-IV) per calendar year | $50 Individual/$150 Family (applies to Classes II, III, IV) per calendar year | None |
| **Annual Maximum** | Plan pays $1,000 maximum (for members age 19 and older) | Plan pays $1,500 maximum (for members age 19 and older) | No maximum |
| **Network** | Over 4,700 providers in MD, DC and Northern VA; 135,000 dentists nationally | | |
| **Preventive & Diagnostic Services (Class I)** | No charge after deductible | No charge | No charge |
| **Basic Services (Class II)**— *Fillings, simple extractions, non-surgical periodontics* | 20% of Allowed Benefit** after deductible | | Not covered |
| **Major Services—Surgical (Class III)**[1] *Surgical periodontics, endodontics, oral surgery* | 40% of Allowed Benefit** after deductible | | Not covered |
| **Major Services—Restorative (Class IV)**[1] *Inlays, onlays, dentures, crowns* | 65% of Allowed Benefit** after deductible | 50% of Allowed Benefit** after deductible | Not covered |
| **Orthodontic Services (Class V)** *(up to age 19)* | 50% of Allowed Benefit** (no deductible) when medically necessary | | Not covered |

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

Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

* Visit **carefirst.com/shopdental** for a rate quote based on your age and residential location.

**CareFirst payments are based on the CareFirst Allowed Benefit. Participating dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for any amount over the Allowed Benefit. Providers are not required to accept CareFirst's Allowed Benefit on non-covered services. This means you may have to pay your dentist's entire billed amount for these non-covered services. At your dentist's discretion, they may choose to accept the CareFirst Allowed Benefit, but are not required to do so. Please talk with your dentist about your cost for any dental services.

[1] For members over age 19 there is a 12-month waiting period on Class III and Class IV benefits.

## Mail this card for more information

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

| Dental Plan Options |
| --- |
| ☐ BlueDental Preferred Low Option |
| ☐ BlueDental Preferred High Option |
| ☐ Individual Select Preferred Dental |

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

CareFirst
Family of health care plans

U65DEN

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 57 OWINGS MILLS MD

POSTAGE WILL BE PAID BY ADDRESSEE

RRE-375
INDIVIDUAL INFORMATION SERVICE GROUP
CAREFIRST BLUECROSS BLUESHIELD
10455 MILL RUN CIRCLE
OWINGS MILLS MD 21117-9782

# Know Before You Go

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.* To find a provider or facility, please visit the **Find a Doctor** page on our website.

## Primary care provider (PCP)

The best place to get consistent, quality health care is your primary care provider (PCP). If you have a medical issue, having a doctor who knows your health history often makes it easier to get the care you need.

## CloseKnit virtual care

Our virtual-first practice, CloseKnit, offers 24/7/365 virtual primary care, behavioral health and urgent care services.

Primary care patients have access to a dedicated Care Team equipped to treat most medical concerns virtually, through CloseKnit's convenient mobile app. The team can direct you to in-person or specialty care when needed and can help patients manage medications, chronic conditions, navigate billing and more.

Urgent care services, for conditions such as cold or flu, and behavioral health visits, are available to patients regardless of whether they've selected CloseKnit as their primary care provider.

## 24-Hour Nurse Advice Line

Registered nurses are available 24/7 to discuss your symptoms with you and recommend the most appropriate care. Call 800-535-9700 anytime to speak with a nurse.

## Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store and offer care for non-emergency situations like colds, pink eye, strep tests and vaccinations. These centers usually have evening and weekend hours.



## Urgent care centers

These are typically located inside a pharmacy or retail store and offer care for non-emergency situations like colds, pink eye, strep tests and vaccinations. These centers usually have evening and weekend hours.

## Emergency room (ER)

Emergency rooms treat acute illnesses and trauma. Go to the ER right away if you or a family member have sudden symptoms that need emergency care, including (but not limited to): chest pain, trouble breathing or head trauma. Prior authorization is not needed for emergency room services.

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

CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing in person and telehealth services to CareFirst members. Atlas Health, LLC is a corporate affiliate within the CareFirst, Inc. corporate umbrella of companies.

## 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 | Needs or Symptoms | 24/7 | Rx |
|---|---|---|---|---|
| **24-Hour Nurse Advice Line** | $0 | If you are unsure about your symptoms or where to go for care, call 800-535-9700, anytime day or night to speak to a registered nurse. | | |
| **CloseKnit Virtual Care**<br>*(24/7/365 virtual-first care for members)* | $ | ▪ Cough, cold and flu<br>▪ Urgent care needs<br>▪ Illness while traveling<br>▪ Therapy | ✔ | ✔ |
| **Convenience Care** | $$ | ▪ Cough, cold and flu<br>▪ Pink eye<br>▪ Ear pain | ✘ | ✔ |
| **Urgent Care**<br>*(Non-life threatening illness or injury requiring immediate care)* | $$$ | ▪ Sprains<br>▪ Cut requiring stitches<br>▪ Minor burns | ✘ | ✔ |
| **Emergency Room**<br>*(Life-threatening illness or injury)* | $$$$ | ▪ Chest pain<br>▪ Difficulty breathing<br>▪ 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.
- Call Member Services at the telephone number on the back of your member ID card.

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 or ambulatory surgery centers.

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

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.

# Choosing Your Plan

See accompanying plan comparison chart to help select the coverage option that best fits your needs.



## Calculating your total monthly premium

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

### Buying an individual plan

Using the chart, find the plan(s) you're considering and circle the dollar amount that corresponds with how old you will be when your coverage begins (i.e., your age on January 1, 2026). That's your rate.

### Buying a family plan

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

- Circle the rate for you.
- Circle the rate for your spouse (if applicable).
- Circle the rates for your oldest three children under age 21.

If you have more than three children under age 21, all will be covered on your plan but only the three oldest count toward your overall premium.

- Circle the rate for each child age 21–25. *Note: Children over age 25 must purchase their own health insurance.*
- Add all individual rates together to determine your family premium.

| 2026 Northern Virginia Rates | | | | | |
|---|---|---|---|---|---|
| Age | Catastrophic Plan | Bronze Level Plans | | Silver Level Plans | |
| | BlueChoice HMO Young Adult* 10600 Med Ded Virtual Connect Plus | BlueChoice HMO Referral Bronze 8250 Med Ded 25 Dent Ded Virtual Connect Plus | BlueChoice HMO Standard Bronze 7500 Med Ded 25 Dent Ded | BlueChoice HMO HSA Silver 3400 Med Ded 25 Dent Ded Virtual Connect Plus | BluePreferred PPO HSA Silver 3400 Med Ded 25 Dent Ded Virtual Connect Plus |
| 0-14 | $166.02 | $248.90 | $268.62 | $310.51 | $599.73 |
| 15 | $180.78 | $271.02 | $292.50 | $338.11 | $653.04 |
| 16 | $186.42 | $279.48 | $301.63 | $348.66 | $673.42 |
| 17 | $192.06 | $287.94 | $310.76 | $359.21 | $693.80 |
| 18 | $198.14 | $297.05 | $320.59 | $370.58 | $715.76 |
| 19 | $204.22 | $306.16 | $330.42 | $381.94 | $737.71 |
| 20 | $210.51 | $315.60 | $340.61 | $393.71 | $760.44 |
| 21 | $217.02 | $325.36 | $351.14 | $405.89 | $783.96 |
| 22 | $217.02 | $325.36 | $351.14 | $405.89 | $783.96 |
| 23 | $217.02 | $325.36 | $351.14 | $405.89 | $783.96 |
| 24 | $217.02 | $325.36 | $351.14 | $405.89 | $783.96 |
| 25 | $217.89 | $326.66 | $352.54 | $407.51 | $787.10 |
| 26 | $222.23 | $333.17 | $359.57 | $415.63 | $802.78 |
| 27 | $227.44 | $340.98 | $367.99 | $425.37 | $821.59 |
| 28 | $235.90 | $353.67 | $381.69 | $441.20 | $852.16 |
| 29 | $242.85 | $364.08 | $392.93 | $454.19 | $877.25 |
| 30 | $246.32 | $369.28 | $398.54 | $460.69 | $889.79 |
| 31 | $251.53 | $377.09 | $406.97 | $470.43 | $908.61 |
| 32 | $256.73 | $384.90 | $415.40 | $480.17 | $927.42 |
| 33 | $259.99 | $389.78 | $420.67 | $486.26 | $939.18 |
| 34 | $263.46 | $394.99 | $426.28 | $492.75 | $951.73 |
| 35 | $265.20 | $397.59 | $429.09 | $496.00 | $958.00 |
| 36 | $266.93 | $400.19 | $431.90 | $499.24 | $964.27 |
| 37 | $268.67 | $402.80 | $434.71 | $502.49 | $970.54 |
| 38 | $270.41 | $405.40 | $437.52 | $505.74 | $976.81 |
| 39 | $273.88 | $410.60 | $443.14 | $512.23 | $989.36 |
| 40 | $277.35 | $415.81 | $448.76 | $518.73 | $1,001.90 |
| 41 | $282.56 | $423.62 | $457.18 | $528.47 | $1,020.72 |
| 42 | $287.55 | $431.10 | $465.26 | $537.80 | $1,038.75 |
| 43 | $294.50 | $441.51 | $476.50 | $550.79 | $1,063.83 |
| 44 | $303.18 | $454.53 | $490.54 | $567.03 | $1,095.19 |
| 45 | $313.38 | $469.82 | $507.05 | $586.11 | $1,132.04 |
| 46 | $325.53 | $488.04 | $526.71 | $608.84 | $1,175.94 |
| 47 | $339.20 | $508.54 | $548.83 | $634.41 | $1,225.33 |
| 48 | $354.83 | $531.96 | $574.11 | $663.63 | $1,281.77 |
| 49 | $370.24 | $555.06 | $599.04 | $692.45 | $1,337.44 |
| 50 | $387.60 | $581.09 | $627.14 | $724.92 | $1,400.15 |
| 51 | $404.74 | $606.80 | $654.88 | $756.98 | $1,462.09 |
| 52 | $423.62 | $635.10 | $685.43 | $792.30 | $1,530.29 |
| 53 | $442.72 | $663.73 | $716.33 | $828.02 | $1,599.28 |
| 54 | $463.34 | $694.64 | $749.68 | $866.58 | $1,673.75 |
| 55 | $483.95 | $725.55 | $783.04 | $905.13 | $1,748.23 |
| 56 | $506.31 | $759.06 | $819.21 | $946.94 | $1,828.98 |
| 57 | $528.88 | $792.90 | $855.73 | $989.15 | $1,910.51 |
| 58 | $552.97 | $829.02 | $894.70 | $1,034.21 | $1,997.53 |
| 59 | $564.90 | $846.91 | $914.02 | $1,056.53 | $2,040.65 |
| 60 | $588.99 | $883.03 | $952.99 | $1,101.59 | $2,127.67 |
| 61 | $609.83 | $914.26 | $986.70 | $1,140.55 | $2,202.93 |
| 62 | $623.50 | $934.76 | $1,008.83 | $1,166.12 | $2,252.32 |
| 63 | $640.64 | $960.46 | $1,036.57 | $1,198.19 | $2,314.25 |
| 64 | $651.06 | $976.08 | $1,053.42 | $1,217.67 | $2,351.88 |
| 65+** | $651.06 | $976.08 | $1,053.42 | $1,217.67 | $2,351.88 |

* Only available for enrollment to people under the age of 30 and those who qualify for a hardship exemption. Visit **healthcare.gov** for more details.
** If you are age 65 or older, you can only apply if you are not eligible for Medicare.
If you are under age 65 and disabled, you can only apply if you are not eligible for Medicare.
**Rates are valid January 1–December 31, 2026 only.**

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

| 2026 Northern Virginia Rates | | | | | | |
|---|---|---|---|---|---|---|
| Age | Silver Level Plans | | Gold Level Plans | | | |
| | BlueChoice HMO Standard Silver 6000 Med Ded 25 Dent Ded | BluePreferred PPO Standard Silver 6000 Med Ded 25 Dent Ded | BlueChoice HMO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect Plus | BluePreferred PPO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect Plus | BlueChoice HMO Standard Gold 2000 Med Ded 25 Dent Ded | BluePreferred PPO Standard Gold 2000 Med Ded 25 Dent Ded |
| 0-14 | $298.59 | $584.18 | $359.13 | $650.01 | $340.42 | $634.60 |
| 15 | $325.13 | $636.11 | $391.05 | $707.78 | $370.68 | $691.01 |
| 16 | $335.28 | $655.97 | $403.26 | $729.88 | $382.25 | $712.57 |
| 17 | $345.42 | $675.82 | $415.46 | $751.97 | $393.82 | $734.14 |
| 18 | $356.35 | $697.20 | $428.61 | $775.76 | $406.28 | $757.37 |
| 19 | $367.28 | $718.59 | $441.75 | $799.55 | $418.74 | $780.60 |
| 20 | $378.60 | $740.73 | $455.37 | $824.19 | $431.64 | $804.65 |
| 21 | $390.31 | $763.64 | $469.45 | $849.68 | $444.99 | $829.54 |
| 22 | $390.31 | $763.64 | $469.45 | $849.68 | $444.99 | $829.54 |
| 23 | $390.31 | $763.64 | $469.45 | $849.68 | $444.99 | $829.54 |
| 24 | $390.31 | $763.64 | $469.45 | $849.68 | $444.99 | $829.54 |
| 25 | $391.87 | $766.69 | $471.33 | $853.08 | $446.77 | $832.86 |
| 26 | $399.68 | $781.97 | $480.72 | $870.07 | $455.67 | $849.45 |
| 27 | $409.04 | $800.29 | $491.98 | $890.46 | $466.35 | $869.36 |
| 28 | $424.27 | $830.08 | $510.29 | $923.60 | $483.70 | $901.71 |
| 29 | $436.76 | $854.51 | $525.31 | $950.79 | $497.94 | $928.26 |
| 30 | $443.00 | $866.73 | $532.83 | $964.39 | $505.06 | $941.53 |
| 31 | $452.37 | $885.06 | $544.09 | $984.78 | $515.74 | $961.44 |
| 32 | $461.74 | $903.39 | $555.36 | $1,005.17 | $526.42 | $981.35 |
| 33 | $467.59 | $914.84 | $562.40 | $1,017.92 | $533.10 | $993.79 |
| 34 | $473.84 | $927.06 | $569.91 | $1,031.51 | $540.22 | $1,007.06 |
| 35 | $476.96 | $933.17 | $573.67 | $1,038.31 | $543.78 | $1,013.70 |
| 36 | $480.08 | $939.28 | $577.42 | $1,045.11 | $547.34 | $1,020.33 |
| 37 | $483.20 | $945.39 | $581.18 | $1,051.90 | $550.90 | $1,026.97 |
| 38 | $486.33 | $951.50 | $584.93 | $1,058.70 | $554.46 | $1,033.61 |
| 39 | $492.57 | $963.71 | $592.45 | $1,072.30 | $561.58 | $1,046.88 |
| 40 | $498.82 | $975.93 | $599.96 | $1,085.89 | $568.70 | $1,060.15 |
| 41 | $508.18 | $994.26 | $611.22 | $1,106.28 | $579.38 | $1,080.06 |
| 42 | $517.16 | $1,011.82 | $622.02 | $1,125.83 | $589.61 | $1,099.14 |
| 43 | $529.65 | $1,036.26 | $637.04 | $1,153.02 | $603.85 | $1,125.69 |
| 44 | $545.26 | $1,066.81 | $655.82 | $1,187.00 | $621.65 | $1,158.87 |
| 45 | $563.61 | $1,102.70 | $677.89 | $1,226.94 | $642.57 | $1,197.86 |
| 46 | $585.47 | $1,145.46 | $704.18 | $1,274.52 | $667.49 | $1,244.31 |
| 47 | $610.05 | $1,193.57 | $733.75 | $1,328.05 | $695.52 | $1,296.57 |
| 48 | $638.16 | $1,248.55 | $767.55 | $1,389.23 | $727.56 | $1,356.30 |
| 49 | $665.87 | $1,302.77 | $800.88 | $1,449.55 | $759.15 | $1,415.20 |
| 50 | $697.09 | $1,363.86 | $838.44 | $1,517.53 | $794.75 | $1,481.56 |
| 51 | $727.93 | $1,424.19 | $875.52 | $1,584.65 | $829.91 | $1,547.09 |
| 52 | $761.89 | $1,490.63 | $916.37 | $1,658.58 | $868.62 | $1,619.26 |
| 53 | $796.23 | $1,557.83 | $957.68 | $1,733.35 | $907.78 | $1,692.26 |
| 54 | $833.31 | $1,630.37 | $1,002.28 | $1,814.07 | $950.05 | $1,771.07 |
| 55 | $870.39 | $1,702.92 | $1,046.87 | $1,894.79 | $992.33 | $1,849.87 |
| 56 | $910.59 | $1,781.57 | $1,095.23 | $1,982.30 | $1,038.16 | $1,935.32 |
| 57 | $951.19 | $1,860.99 | $1,144.05 | $2,070.67 | $1,084.44 | $2,021.59 |
| 58 | $994.51 | $1,945.75 | $1,196.16 | $2,164.98 | $1,133.83 | $2,113.67 |
| 59 | $1,015.98 | $1,987.75 | $1,221.98 | $2,211.72 | $1,158.31 | $2,159.29 |
| 60 | $1,059.30 | $2,072.52 | $1,274.09 | $2,306.03 | $1,207.70 | $2,251.37 |
| 61 | $1,096.77 | $2,145.83 | $1,319.15 | $2,387.60 | $1,250.42 | $2,331.01 |
| 62 | $1,121.36 | $2,193.94 | $1,348.73 | $2,441.13 | $1,278.46 | $2,383.27 |
| 63 | $1,152.20 | $2,254.27 | $1,385.82 | $2,508.26 | $1,313.61 | $2,448.80 |
| 64 | $1,170.93 | $2,290.92 | $1,408.35 | $2,549.04 | $1,334.97 | $2,488.62 |
| 65+** | $1,170.93 | $2,290.92 | $1,408.35 | $2,549.04 | $1,334.97 | $2,488.62 |

** If you are age 65 or older, you can only apply if you are not eligible for Medicare.
If you are under age 65 and disabled, you can only apply if you are not eligible for Medicare.
**Rates are valid January 1–December 31, 2026 only.**

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

# Four Ways To Enroll

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

1. Enroll online at **carefirst.com/individual** and get instant confirmation.
2. If you think you qualify for financial assistance, you must purchase a plan through **healthcare.gov.** See page 3 for more information on financial assistance.
3. Fill out and mail the enclosed paper application (on the next page) using the pre-paid envelope. We'll mail you confirmation and a bill.
4. Enroll through your broker if you have one. A broker is an independent agent who represents you (the buyer) and works to find you the best health insurance policy for your needs.

## When your coverage will start

When you enroll through CareFirst, your effective date is the date your coverage begins. If you purchase a new plan for 2026 during the open enrollment period, your coverage will start on January 1, 2026.

If you are enrolling through the Virginia Health Benefit Exchange, please be sure to contact them to confirm your effective date.

## Paying for your plan

If you buy CareFirst coverage directly from us online, you can make an immediate payment using your checking account or credit/debit card.

If you buy CareFirst coverage through the Virginia Health Benefit Exchange, or if you apply with the paper application included in this book, you'll be mailed a bill after enrollment. Please wait for your bill before making a payment.

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

## Convenient e-billing

If you set up automated monthly premium payments, your first payment and each remaining payment will be withdrawn from your bank account and sent to CareFirst automatically. As a member, you can set up recurring payments at **carefirst.com/myaccount** or with the CareFirst mobile app.

# Individual Application

*2026 Health Insurance Enrollment*
*Virginia Residents*

CareFirst
Family of health care plans

**Group Hospitalization and Medical Services, Inc.**
**CareFirst BlueChoice, Inc.** ▪ 1440 G Street, NW, Washington, DC 20005

## INSTRUCTIONS

1. Please fill out all applicable spaces on this application. Print or type all information.
2. Sign and return this application in the postage-paid return envelope if provided, or mail to:
   **Mail Administrator**
   **P.O. Box 14651, Lexington, KY 40512**

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

Please check if you are applying for new coverage or making changes to a current policy.

New coverage  Making changes

## 1. PRIMARY APPLICANT INFORMATION *(the primary applicant will be the head of household)*

| Last Name | First Name | Middle Initial (M.I.) | Social Security # |
|---|---|---|---|
| Residence Address (Number and Street, Apt #) | City | State | Zip Code (9-digit, if known) |
| Billing Address, if different (Number and Street, Apt #) | City | State | Zip Code (9-digit, if known) |
| Date of Birth<br>/ / | Sex<br>Male Female | Marital Status<br>Single Married Domestic Partner | |
| Home Phone<br>( ) | Work/Mobile Phone<br>( ) | | |
| Email Address (optional) | Spoken Language (optional) | Written Language (optional) | |

## 2. ENROLLING FAMILY MEMBER(S) *(complete only if you are enrolling a spouse, partner or dependent(s) to your plan)*

| | Last Name | First Name | M.I. | Relationship | Social Security # | Date of Birth | Sex |
|---|---|---|---|---|---|---|---|
| Spouse | | | | | | | M F |
| Domestic Partner | | | | | | | M F |
| Dependent 1 | | | | | | | M F |
| Dependent 2 | | | | | | | M F |
| Dependent 3 | | | | | | | M F |
| Dependent 4 | | | | | | | M F |
| Dependent 5 | | | | | | | M F |
| Dependent 6 | | | | | | | M F |
| Dependent 7 | | | | | | | M F |

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

| 3. PLAN SELECTION *(check one)* | | |
|---|---|---|
| **Plan Name** | **In-network Deductible** | **Out-of-network Deductible** |
| **Health Maintenance Organization (HMO) Plans Underwritten by CareFirst BlueChoice, Inc.** | | |
| BlueChoice HMO Young Adult 10600 Med Ded Virtual Connect Plus | Individual: $10,600/Family: $21,200 | N/A |
| BlueChoice HMO Young Adult is only available for individuals under age 30. Some exceptions may apply. | | |
| BlueChoice HMO Referral Bronze 8250 Med Ded 25 Dent Ded Virtual Connect Plus | Individual: $8,250/Family: $16,500 | N/A |
| BlueChoice HMO Standard Bronze 7500 Med Ded 25 Dent Ded | Individual: $7,500/Family: $15,000 | N/A |
| BlueChoice HMO Standard Silver 6000 Med Ded 25 Dent Ded | Individual: $6,000/Family: $12,000 | N/A |
| BlueChoice HMO HSA Silver 3400 Med Ded 25 Dent Ded Virtual Connect Plus | Individual: $3,400/Family: $6,800 | N/A |
| BlueChoice HMO Standard Gold 2000 Med Ded 25 Dent Ded | Individual: $2,000/Family: $4,000 | N/A |
| BlueChoice HMO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect Plus | Individual: $1,750/Family: $3,500 | N/A |
| **Preferred Provider Organization (PPO) Plans Underwritten by Group Hospitalization and Medical Services, Inc.** | | |
| BluePreferred PPO Standard Silver 6000 Med Ded 25 Dent Ded | Individual: $6,000/Family: $12,000 | Individual: $12,000/Family: $24,000 |
| BluePreferred PPO HSA Silver 3400 Med Ded 25 Dent Ded Virtual Connect Plus | Individual: $3,400/Family: $6,800 | Individual: $6,800/Family: $13,600 |
| BluePreferred PPO Standard Gold 2000 Med Ded 25 Dent Ded | Individual: $2,000/Family: $4,000 | Individual: $4,000/Family: $8,000 |
| BluePreferred PPO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect Plus | Individual: $1,750/Family: $3,500 | Individual: $3,500/Family: $7,000 |

**Important Deductible Information:**

**For all plans:** Single party applications: the Individual Deductible must be met before full benefits will begin. Multi-party applications: 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 toward the Family Deductible. Once the Family Deductible has been met, full benefits will be available to all members on the policy.

**Please Note:** Coverage will begin immediately for preventive benefits as they are not subject to a deductible. Other benefits, as specified in the member contract, also may be covered without having to meet a deductible first. In-network and out-of-network (if applicable) deductible expenses will not be applied to each other.

## 4. PRIMARY CARE PHYSICIAN INFORMATION

If you selected a BlueChoice HMO plan in Section 3, please select a Primary Care Physician (PCP) from the CareFirst BlueChoice Directory available at **carefirst.com/doctor**. Indicate the PCP ID (PID) number for all applicants. Otherwise, skip to Section 5.

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

## 5. COORDINATION OF BENEFITS

The purpose of this section is to coordinate benefits appropriately with other carriers. If you have other insurance, failure to complete this section may cause delays in processing any claims submitted.

1. Is anyone listed on this application enrolled in, covered by or eligible for Medicare? If yes, please provide the following: Yes No

| Name of Family Member(s) | Medicare Number | Effective Date |
|---|---|---|
| | | |
| | | |

2. Is anyone listed on this application covered by other health insurance, including other Blue Cross and Blue Shield coverage? If yes, please provide the following: Yes No

| Name of Family Member(s) | Insurance Company | Policy Number and Type | Effective Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3. Will your new policy be replacing your existing policy? **Please note a Yes response to this question is not sufficient as notification of policy termination.** Yes No

| 6. LIMITED OPEN ENROLLMENT ELIGIBILITY | | |
|---|---|---|
| Do you qualify for a Limited Open Enrollment Period? Please review the list of qualifying life events listed below (1-11).<br>Be sure to review all the questions before making a selection. If one (1) of the events applies to you, mark "Yes" next to it. Please note, you will be required to provide documentation as proof of your event.<br>**If none of these events apply to you, please check "NO" and proceed to Section 7.** | Yes | No |
| 1. Within the last 60 days, have you married, or entered a domestic partnership? Had a birth, adopted, or been granted court-appointed testamentary of a child or qualified dependent? | Yes | No |
| 2. Within the last 60 days: | | |
| Have you experienced an error in enrollment by the Federally-Facilitated Exchange in Virginia or by the Department of Health and Human Services? | Yes | No |
| Were you enrolled in a qualified health plan in which the plan substantially violated a material provision of its contract? | Yes | No |
| Have you or your dependents become newly eligible or ineligible for subsidies? | Yes | No |
| Have you lost a dependent, or are no longer considered a dependent, due to a divorce, legal separation, or death? | Yes | No |
| Have you been released from a prison term resulting from a criminal conviction? | Yes | No |
| 3. Were you covered under a non-calendar year group health plan or individual health insurance policy and are you within 60 days prior to or within 60 days after your policy renewal date? | Yes | No |
| 4. Within the last 60 days have you terminated employment and refused COBRA coverage or have you completed the full term of your COBRA coverage? | Yes | No |
| 5. Have you lost minimum essential coverage (excluding failure to pay premiums or rescissions) within the last 60 days? Or, will you lose minimum essential coverage within the next 60 days? | Yes | No |
| 6. In the next 60 days or within the last 60 days: Will your coverage through an employer-sponsored plan or has your coverage through an employer-sponsored plan been discontinued for one of the following reasons?<br>■ no longer provides minimum value **(plan covers less than 60 percent actuarial value)** OR<br>■ is considered unaffordable **(employee contribution to plan premium of self-only coverage exceeds 9.5 percent of employee's household income)** | Yes | No |
| 7. Have you experienced an error in enrollment or subsidy eligibility due to the misconduct of a non-Exchange entity? Misconduct includes failure to comply with applicable standards under state or federal law. | Yes | No |
| 8. In the next 60 days or within the last 60 days, have you gained access to new Qualified Health Plans as a result of a permanent move to or within our Virginia service area or were you residing outside of the United States? | Yes | No |
| 9. Within the past 60 days, have you been the victim of domestic abuse or spousal abandonment and you are currently enrolled in other minimum essential coverage through the perpetrator of the abuse or abandonment? | Yes | No |
| 10. Within the last 60 days, have you gained access to an individual coverage HRA (ICHRA) or have you been newly provided a qualified small employer health reimbursement arrangement (QSEHRA)? | Yes | No |
| 11. Within the last 60 days, did you receive notice that you are not eligible for Medicare coverage, but you are over the age of 65? | Yes | No |

## SECTION 7. ELECTRONIC COMMUNICATION CONSENT

Group Hospitalization and Medical Services, Inc. and CareFirst BlueChoice, Inc. (CareFirst) want to help you manage your health care information and protect the environment by offering you the option of electronic communication.

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

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

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

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

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

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

- Internet access;
- An email account that allows me to send and receive emails; and
- Microsoft Explorer 11, or Microsoft Edge 13.0 (or higher) or Chrome 75(or higher), or Firefox 66.0 (or higher), Safari 12 (or Higher) and Adobe Acrobat Reader 2017(or higher).

I understand that to receive notices through text messaging,

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

<table>
<tr><td>Primary Applicant Name</td><td>Email Address</td><td>Mobile Phone Number</td></tr>
<tr><td rowspan="3"></td><td></td><td></td></tr>
<tr><td>Alternate Email Address</td><td>Alternate Mobile Phone Number</td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="3">By checking my preference below, I hereby agree to electronic delivery of notices, instead of paper delivery.<br>Email only Mobile phone text messaging only Email and mobile phone text messaging</td></tr>
<tr><td colspan="3">Signature</td></tr>
</table>

CareFirst will not sell your email or phone number to any third party and will not share it with third parties except for CareFirst Business Associates that perform functions on CareFirst's behalf or to comply with the law.

## 8. CONDITIONS OF ENROLLMENT *(please read this section carefully)*

**IT IS UNDERSTOOD AND AGREED THAT:**

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

The Primary Applicant, or Parent or Guardian of the Primary Applicant, attests to being a resident of the State of Virginia, which is a requirement for coverage under this application.

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

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

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

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

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

## SECTION 9. RACE, ETHNICITY, LANGUAGE *(this information is voluntary)*

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

**Race**
White/Caucasian
Black or African American
American Indian or Alaska Native
Asian
Native Hawaiian or other Pacific Islander
Other – (To include Multi-Racial)
Decline to answer
Unknown – Could not be determined

**Ethnicity**
Hispanic/Latino/ Spanish origin

**Preferred Spoken Language***
01 English
02 Albanian
03 Amharic
04 Arabic
05 Burmese
06 Cantonese
07 Chinese (simplified & traditional)
08 Creole (Haitian)
09 Farsi
10 French (European)
11 Greek
12 Gujarati
13 Hindi
14 Italian
15 Korean
16 Mandarin
17 Portuguese (Brazilian)
18 Russian
19 Serbian
20 Somali
21 Spanish (Latin America)
22 Tagalog (Filipino)
23 Urdu
24 Vietnamese
98 Other and unspecified languages
99 Unknown

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

**FOR OFFICE USE ONLY:**
Re-sign and re-date below only if checked.

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

| For Broker Use Only: | Name | NPN # | Tax ID # | CareFirst-Assigned ID # |
|---|---|---|---|---|
| General Agency | | [redacted] | | |
| Writing Agent | | | | [redacted] |

# Glossary

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

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

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

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

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

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

**Effective date**—the date your coverage begins. If you purchase a plan during the annual open enrollment period, your new plan starts on January 1.

**Generic drugs**—prescription drugs that work the same as brand-name drugs but cost much less.

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

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

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

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

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

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

**Preferred specialty drugs**—consists of specialty drugs used to treat chronic, complex and/or rare health conditions. These drugs are generally more cost-effective than other specialty drugs.

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

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

**Primary care provider (PCP)**— the doctor you select as your healthcare partner. They know and understand you and your healthcare needs.

**Specialty drugs**—the highest priced drugs that may require special handling, administration or monitoring. These drugs may be oral or injectable and are used to treat serious or chronic conditions. Specialty drugs must be obtained through mail order at CVS Specialty Pharmacy.

**Standard plan**—plans designed with standardized cost sharing (i.e., deductible, out-of-pocket maximum, copays and coinsurance) for covered health services. All insurance carriers are required to sell Standard plans in Virginia. With Standard plans, the main difference is the provider network offered by each insurer.



# Our Commitment to You

### CareFirst's privacy practices

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

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

### Categories of personal information we may collect

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

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

### How your information is used

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

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

### Disclosure of your information

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

### Changes in our privacy policy

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

# Rights and Responsibilities

## Notice of privacy practices

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) are committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain a copy of our Notice of Privacy Practices, go to **carefirst.com** and click on *Privacy Statement* at the bottom of the page, click on *Health Information* then click on *Notice of Privacy Practices.*

## Member satisfaction

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

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.
- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:
  - Send an email to: **quality.care.complaints@carefirst.com**
  - Fax a written complaint to: **301-470-5866**
  - Write to:
    **CareFirst BlueCross BlueShield**
    **Quality of Care Department**
    **P.O. Box 17636**
    **Baltimore, MD 21297**

If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

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

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

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

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

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

### Hearing impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Virginia Relay Program: 711
Please have your Member ID number ready.

### Language assistance

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

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

## Confidentiality of subscriber/member information

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

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

### Our responsibilities

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

### Your rights

You have the following rights regarding your own protected health information. You have the right to:

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

### Inquiries and complaints

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

## Members' rights and responsibilities statement

Members have the right to:

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

**Members have a responsibility to:**

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

## Eligible individuals' rights statement, wellness and health promotion services

**Eligible individuals have a right to:**

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

For more information on the medical review and claims process, please visit the **Health Plan Information** page on our website.

## Experimental/investigational services

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

## Compensation and premium disclosure statement

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

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

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

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

CareFirst BlueCross BlueShield
CareFirst BlueChoice, Inc.
1440 G Street, NW
Washington D.C. 20005
Attention: Member Services

*For plans underwritten by CareFirst of Maryland, Inc.*

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
Attention: Member Services

For more information on common pharmacy procedures please visit the **Health Plan Information** page on our website.

### A. Methods of paying physicians

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### B. Percentage of provider payment methods

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

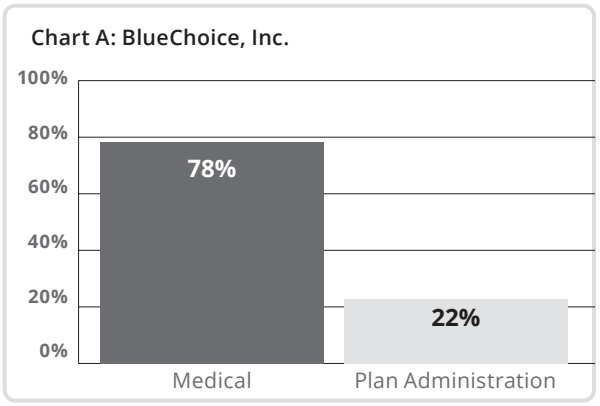
For its Indemnity and Preferred Provider Organization (PPO) plans, CareFirst of Maryland, Inc. and CareFirst BlueCross BlueShield contract directly with physicians. All physicians are reimbursed on a discounted fee-for-service basis.

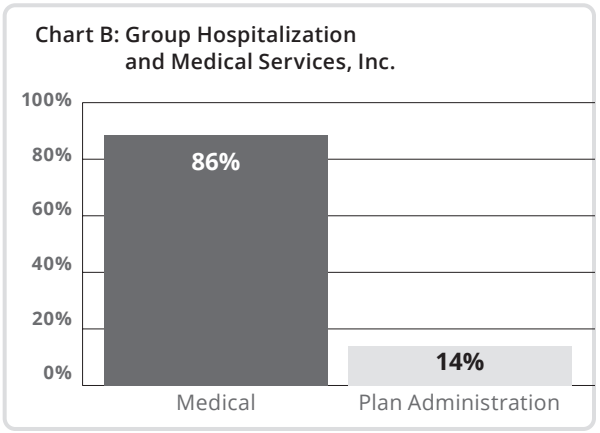
### C. Distribution of premium dollars

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

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

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



## 2026 Northern Virginia Policy Form Numbers

**BlueChoice HMO Young Adult 9200 Med Ded**

VA/CFBC/CD/HMO (1/25); VA/CFBC/CD/HMO/YA SOB (1/25); MVAAP (2/24)

**BlueChoice HMO HSA Silver 3300 Ded 25 Dent Ded**

VA/CFBC/CD/HMO (1/25); VA/CFBC/CD/HSA/SIL 3300 (1/25); MVAAP (2/24)

**BluePreferred PPO HSA Silver 3300 Med Ded 25 Dent Ded**

VA/CF/CD/BP (1/25); VA/CF/CD/BP PPO HSA/SIL 3300 (1/25); MVAAP (2/24)

**BlueChoice HMO Standard Silver 5000 Med Ded 25 Dent Ded**

VA/CFBC/CD/HMO (1/25); VA/CFBC/CD/HMO/STAND SIL 5900 (1/25); MVAAP (2/24)

**BluePreferred PPO Standard Silver 5000 Med Ded 25 Dent Ded**

VA/CF/CD/BP (1/25); VA/CF/CD/BP PPO/STAND SIL 5000 (1/25); MVAAP (2/24)

**BlueChoice HMO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect**

VA/CFBC/CD/HMO (1/25); VA/CFBC/CD/BC HMO/GOLD 1750 (1/25); MVAAP (2/24)

**BluePreferred PPO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect**

VA/CF/CD/BP (1/25); VA/CF/CD/BP PPO/GOLD 1750 VC (1/25); MVAAP (2/24)

**BlueChoice HMO Standard Gold 1500 Med Ded 25 Dent Ded**

VA/CFBC/CD/HMO (1/25); VA/CFBC/CD/HMO/STAND GOLD 1500 (1/25); MVAAP (2/24)

**BluePreferred PPO Standard Gold 1500 Med Ded 25 Dent Ded**

VA/CF/CD/BP (1/25); VA/CF/CD/BP PPO/STAND GOLD 1500 (1/25); MVAAP (2/24)

*CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.*

CDS1261-1P (10/25)

# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

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 14858<br>Lexington, KY 40512 |
| 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**.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The BLUE CROSS® and BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shíį t'áá bich'į'jį' ha'át'íishíį ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahózíní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzíį'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te manaʻomia ai le faia o se gaioiga i nisi taimi faʻagata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.

CareFirst BlueCross BlueShield
CareFirst BlueChoice, Inc.
10455 Mill Run Circle
Owings Mills, MD 21117-5559

CareFirst
Family of health care plans

CONNECT WITH US:

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

CDS1211-1P (10/25)