CareFirst

Family of health care plans



Consumer Health Insurance Plans

FOR RESIDENTS OF WASHINGTON, D.C. WHO BUY THEIR OWN INSURANCE

2027

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 2027, CareFirst offers the following plans:

- BlueChoice HMO Young Adult 12000 Virtual Connect Plus*
- BlueChoice HMO Essential Bronze 7500
- BluePreferred PPO Essential Bronze 7500
- BlueChoice HMO HSA Bronze 6500 Virtual Connect Plus
- BluePreferred PPO HSA Bronze 6500 Virtual Connect Plus
- BlueChoice HMO Essential Silver 4850
- BluePreferred PPO Essential Silver 4850
- BlueChoice HMO HSA Gold 1750 Virtual Connect Plus
- BluePreferred PPO HSA Gold 1750 Virtual Connect Plus
- BlueChoice HMO Essential Gold 500
- BluePreferred PPO Essential Gold 500
- BlueChoice HMO Essential Platinum 0
- BluePreferred PPO Essential Platinum 0



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

CareFirst is an affiliate of the Blue Cross Blue Shield Association. 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 are committed to being there when you need us for many years to come.

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

Sincerely,

Nicole Marrazzo

Nicole Marrazzo
Vice President, Consumer Sales

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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 Washington, D.C., CareFirst offers plans in the following metal levels:

- Bronze
- Silver
- Gold
- Platinum

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

What is an Essential plan?

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



Scan the code to explore CareFirst's interactive Health Plan Guide and discover:

- All the "extras" included in your CareFirst plan, once you become a member, including wellness rewards, discount programs and more
- Details about prescription drug and core healthcare coverage
- Where to go to save more on healthcare costs

New for 2027

Virtual Connect Plus added to Bronze HSA 6500 plan options

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 qualified health expenses on a tax-free basis.

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—Bronze, Silver, Gold or Platinum (excludes the BlueChoice HMO Young Adult plan).

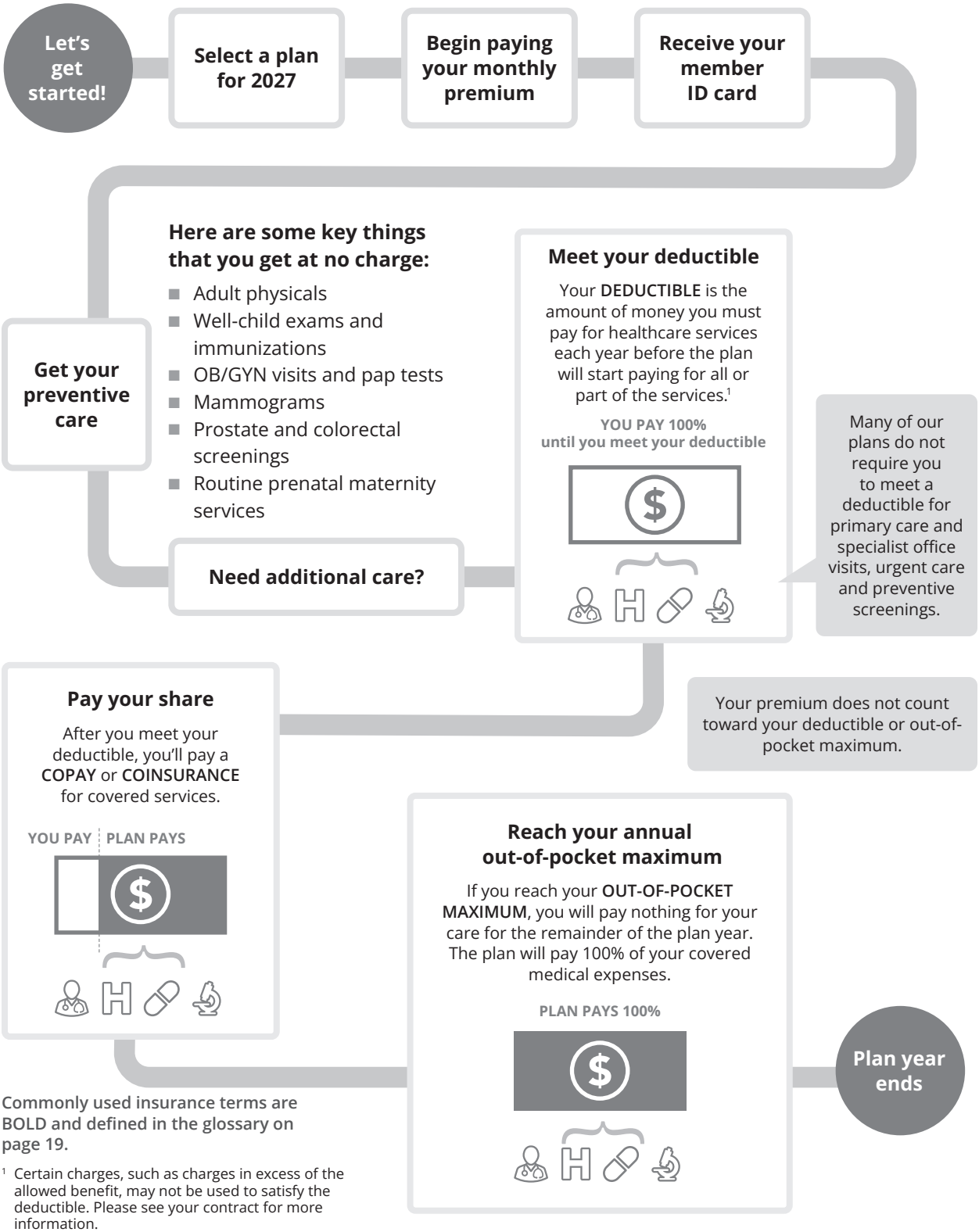
A subsidy to lower your out-of-pocket expenses—This subsidy helps limit how much you spend on out-of-pocket expenses like copays, coinsurance and deductibles. By lowering these out-of-pocket costs, your health plan begins paying 100% of your costs sooner than it would have without the subsidy. If you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

All Washington, D.C. plans must be purchased through the DC Health Link, but you can use this brochure to examine your choices and determine your best options.

Note: If you are an existing member and you qualified for financial assistance in 2026 and did not elect automatic reassessment, you need to contact the DC Health Link. You will be re-evaluated for financial assistance for 2027 during Open Enrollment from November 1, 2026–January 31, 2027.

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** page on our website.



Commonly used insurance terms are BOLD and defined in the glossary on page 19.

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

Included With Every CareFirst Plan

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

- **Prescription drug coverage**
- **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 three 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.
- **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:

- A nationwide network of more than 66,000 participating pharmacies.
- 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.
- Opioid Reversal Agents are covered at $0 copay (deductible applies for select plans).
- 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.

DC Pharmacy Benefits Program

The DC Health Pharmacy Benefits Program (formerly known as DC AIDS Drug Assistance Program) helps DC residents living with HIV by offering financial assistance for the cost of important medications. To learn more about the program, go to **https://dchealth.dc.gov/vi/Pharmacy_Benefits_Program** or call **202-671-4815**.

[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/findcare** 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 — 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 care*.

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.

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:		
■ Silver, Gold and Platinum Standard plans—one no-charge in-network routine exam per calendar year	■ BlueChoice HMO Young Adult plans—one no-charge in-network routine exam per calendar year	■ Bronze Standard plans—one $50 in-network routine exam per calendar year
■ No claims to file when you use a provider who contracts with Davis Vision	■ No copay* for frames and basic lenses for glasses or contact lenses in the Davis Vision collection	■ 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 per calendar year	■ Discounts[2] of approximately 30% 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/findcare**.

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

[1] Provider network managed by Davis Vision, an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and Care First BlueChoice, Inc. members and offers an extensive national network of optometrists, ophthalmologists, and opticians. Davis Vision is solely responsible for the services it provides.

[2] 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)	Bronze, Silver, Gold, Platinum 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	Not Subject to Deductible		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	20% of Allowed Pediatric Dental Benefit*	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*	40% of Allowed Pediatric Dental Benefit*	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*	40% of Allowed Pediatric Dental Benefit*	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*	65% of Allowed Pediatric Dental Benefit*	No charge (after medical deductible)	No charge (after medical deductible)
Orthodontic Services (Class V)—*when medically necessary*	50% of Allowed Pediatric Dental Benefit*	65% of Allowed Pediatric Dental Benefit*	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. Some procedures may require a different copay.

* 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 may want to consider purchasing one of our three dental plans:

- **BlueDental Preferred Low Option**
- **Blue Dental 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*	Individual 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: _____

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U65DEN

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 57 COLUMBIA MD

POSTAGE WILL BE PAID BY ADDRESSEE

RRE-375
INDIVIDUAL INFORMATION SERVICE GROUP
CAREFIRST BLUECROSS BLUESHIELD
6100 MERRIWEATHER DR., SUITE 300
COLUMBIA, MD 21044

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 Care** 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 and in-person care

CloseKnit primary care offers virtual preventive care, same- or next-day sick visits, behavioral health support and more. CloseKnit now has in-person care available at 40+ locations throughout Maryland, Washington, D.C. and Northern Virginia.

Primary care patients have access to a dedicated Care Team equipped to treat most medical concerns in person or virtually. 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.

Sick visits, 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 or in-person advanced primary care, same- or next-day sick visits, behavioral health care)*	$	▪ Cough, cold and flu ▪ Urgent care needs ▪ Illness while traveling ▪ Therapy	✔	✔
Convenience Care	$$	▪ Cough, cold and flu ▪ Pink eye ▪ Ear pain	✘	✔
Urgent Care *(Non-life threatening illness or injury requiring immediate care)*	$$$	▪ Sprains ▪ Cut requiring stitches ▪ Minor burns	✘	✔
Emergency Room *(Life-threatening illness or injury)*	$$$$	▪ Chest pain ▪ Difficulty breathing ▪ Abdominal pain	✔	✔

* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

To determine your specific benefits and associated costs:

- Log in to My Account at **carefirst.com/myaccount**.
- Check your Evidence of Coverage or benefit summary.
- Ask your benefit administrator.
- 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 like Labcorp, Advanced Radiology or ambulatory surgery centers.

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

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 you 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, 2027). 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.

2027 Washington, D.C. Rates						
Age	Bronze Level Plans				Silver Level Plans	
	BlueChoice HMO HSA Bronze 6500 Virtual Connect Plus	BluePreferred PPO HSA Bronze 6500 Virtual Connect Plus	BlueChoice HMO Essential Bronze 7500	BluePreferred PPO Essential Bronze 7500	BlueChoice HMO Essential Silver 4850	BluePreferred PPO Essential Silver 4850
0–20	$372.03	$411.25	$391.13	$419.14	$454.63	$487.86
21	$413.56	$457.16	$434.79	$465.92	$505.37	$542.32
22	$413.56	$457.16	$434.79	$465.92	$505.37	$542.32
23	$413.56	$457.16	$434.79	$465.92	$505.37	$542.32
24	$413.56	$457.16	$434.79	$465.92	$505.37	$542.32
25	$413.56	$457.16	$434.79	$465.92	$505.37	$542.32
26	$413.56	$457.16	$434.79	$465.92	$505.37	$542.32
27	$413.56	$457.16	$434.79	$465.92	$505.37	$542.32
28	$423.23	$467.85	$444.96	$476.81	$517.19	$555.00
29	$432.33	$477.91	$454.53	$487.07	$528.31	$566.94
30	$443.14	$489.86	$465.89	$499.25	$541.52	$581.11
31	$454.52	$502.44	$477.85	$512.06	$555.42	$596.03
32	$464.76	$513.75	$488.62	$523.60	$567.94	$609.46
33	$475.57	$525.70	$499.98	$535.78	$581.15	$623.63
34	$486.94	$538.28	$511.94	$548.59	$595.05	$638.55
35	$498.32	$550.86	$523.90	$561.41	$608.95	$653.47
36	$509.70	$563.43	$535.86	$574.23	$622.85	$668.39
37	$521.08	$576.01	$547.82	$587.05	$636.76	$683.31
38	$527.33	$582.93	$554.40	$594.10	$644.40	$691.51
39	$533.59	$589.84	$560.98	$601.15	$652.05	$699.72
40	$554.64	$613.11	$583.11	$624.86	$677.77	$727.32
41	$576.26	$637.00	$605.83	$649.21	$704.19	$755.67
42	$599.01	$662.16	$629.76	$674.85	$731.99	$785.51
43	$622.33	$687.94	$654.28	$701.12	$760.49	$816.09
44	$646.79	$714.98	$679.99	$728.68	$790.39	$848.17
45	$671.82	$742.65	$706.31	$756.88	$820.97	$880.99
46	$697.99	$771.57	$733.82	$786.36	$852.95	$915.31
47	$725.30	$801.76	$762.53	$817.12	$886.32	$951.11
48	$753.74	$833.20	$792.43	$849.17	$921.07	$988.41
49	$783.32	$865.90	$823.53	$882.49	$957.22	$1,027.20
50	$814.04	$899.86	$855.82	$917.10	$994.76	$1,067.48
51	$845.89	$935.07	$889.32	$952.99	$1,033.69	$1,109.26
52	$878.89	$971.54	$924.00	$990.16	$1,074.01	$1,152.52
53	$913.02	$1,009.27	$959.89	$1,028.61	$1,115.72	$1,197.28
54	$948.86	$1,048.89	$997.56	$1,068.99	$1,159.51	$1,244.28
55	$985.83	$1,089.76	$1,036.44	$1,110.65	$1,204.69	$1,292.77
56	$1,024.52	$1,132.52	$1,077.11	$1,154.22	$1,251.97	$1,343.49
57	$1,064.34	$1,176.54	$1,118.97	$1,199.09	$1,300.63	$1,395.71
58	$1,105.86	$1,222.45	$1,162.63	$1,245.87	$1,351.37	$1,450.17
59	$1,149.10	$1,270.24	$1,208.08	$1,294.58	$1,404.20	$1,506.86
60	$1,194.04	$1,319.91	$1,255.33	$1,345.21	$1,459.12	$1,565.79
61	$1,240.66	$1,371.45	$1,304.34	$1,397.73	$1,516.09	$1,626.92
62	$1,240.66	$1,371.45	$1,304.34	$1,397.73	$1,516.09	$1,626.92
63	$1,240.66	$1,371.45	$1,304.34	$1,397.73	$1,516.09	$1,626.92
64	$1,240.66	$1,371.45	$1,304.34	$1,397.73	$1,516.09	$1,626.92
65+*	$1,240.66	$1,371.45	$1,304.34	$1,397.73	$1,516.09	$1,626.92

* 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, 2027 only.

2027 Washington, D.C. Rates							
Age	Gold Level Plans				Platinum Level Plans		Young Adult
	BlueChoice HMO HSA Gold 1750 Virtual Connect Plus	BluePreferred PPO HSA Gold 1750 Virtual Connect Plus	BlueChoice HMO Essential Gold 500	BluePreferred PPO Essential Gold 500	BlueChoice HMO Essential Platinum 0	BluePreferred PPO Essential Platinum 0	BlueChoice HMO Young Adult 12000 Virtual Connect Plus
0–20	$508.35	$558.76	$548.46	$596.94	$627.15	$676.48	$194.16
21	$565.10	$621.13	$609.68	$663.57	$697.16	$751.99	$215.83
22	$565.10	$621.13	$609.68	$663.57	$697.16	$751.99	$215.83
23	$565.10	$621.13	$609.68	$663.57	$697.16	$751.99	$215.83
24	$565.10	$621.13	$609.68	$663.57	$697.16	$751.99	$215.83
25	$565.10	$621.13	$609.68	$663.57	$697.16	$751.99	$215.83
26	$565.10	$621.13	$609.68	$663.57	$697.16	$751.99	$215.83
27	$565.10	$621.13	$609.68	$663.57	$697.16	$751.99	$215.83
28	$578.31	$635.66	$623.93	$679.09	$713.46	$769.57	$220.88
29	$590.75	$649.33	$637.35	$693.69	$728.80	$786.12	$225.63
30	$605.52	$665.56	$653.28	$711.03	$747.02	$805.77	$231.27
31	$621.06	$682.65	$670.06	$729.29	$766.20	$826.46	$237.21
32	$635.05	$698.03	$685.15	$745.72	$783.46	$845.08	$242.55
33	$649.82	$714.26	$701.09	$763.06	$801.68	$864.73	$248.19
34	$665.37	$731.35	$717.86	$781.31	$820.86	$885.42	$254.13
35	$680.91	$748.44	$734.63	$799.57	$840.04	$906.11	$260.07
36	$696.46	$765.52	$751.40	$817.82	$859.22	$926.80	$266.00
37	$712.01	$782.61	$768.18	$836.08	$878.40	$947.48	$271.94
38	$720.56	$792.01	$777.40	$846.12	$888.95	$958.86	$275.21
39	$729.11	$801.41	$786.63	$856.16	$899.50	$970.24	$278.47
40	$757.87	$833.02	$817.65	$889.93	$934.98	$1,008.51	$289.46
41	$787.40	$865.49	$849.52	$924.62	$971.42	$1,047.82	$300.74
42	$818.50	$899.66	$883.07	$961.13	$1,009.77	$1,089.19	$312.61
43	$850.37	$934.69	$917.45	$998.55	$1,049.09	$1,131.60	$324.79
44	$883.79	$971.43	$953.51	$1,037.80	$1,090.33	$1,176.08	$337.55
45	$917.99	$1,009.02	$990.41	$1,077.96	$1,132.52	$1,221.59	$350.62
46	$953.75	$1,048.32	$1,028.99	$1,119.94	$1,176.63	$1,269.17	$364.27
47	$991.06	$1,089.33	$1,069.24	$1,163.76	$1,222.66	$1,318.82	$378.52
48	$1,029.92	$1,132.05	$1,111.17	$1,209.39	$1,270.61	$1,370.54	$393.37
49	$1,070.34	$1,176.48	$1,154.78	$1,256.86	$1,320.47	$1,424.33	$408.80
50	$1,112.32	$1,222.62	$1,200.07	$1,306.15	$1,372.26	$1,480.18	$424.84
51	$1,155.85	$1,270.46	$1,247.03	$1,357.26	$1,425.96	$1,538.11	$441.46
52	$1,200.93	$1,320.02	$1,295.67	$1,410.20	$1,481.58	$1,598.10	$458.68
53	$1,247.57	$1,371.28	$1,345.99	$1,464.96	$1,539.11	$1,660.16	$476.49
54	$1,296.54	$1,425.11	$1,398.82	$1,522.47	$1,599.53	$1,725.33	$495.20
55	$1,347.06	$1,480.64	$1,453.33	$1,581.80	$1,661.86	$1,792.56	$514.49
56	$1,399.92	$1,538.74	$1,510.35	$1,643.86	$1,727.07	$1,862.90	$534.68
57	$1,454.33	$1,598.54	$1,569.06	$1,707.76	$1,794.20	$1,935.31	$555.46
58	$1,511.07	$1,660.91	$1,630.28	$1,774.39	$1,864.20	$2,010.82	$577.13
59	$1,570.15	$1,725.85	$1,694.01	$1,843.76	$1,937.08	$2,089.43	$599.70
60	$1,631.55	$1,793.34	$1,760.26	$1,915.86	$2,012.84	$2,171.14	$623.15
61	$1,695.25	$1,863.36	$1,828.99	$1,990.66	$2,091.42	$2,255.91	$647.48
62	$1,695.25	$1,863.36	$1,828.99	$1,990.66	$2,091.42	$2,255.91	$647.48
63	$1,695.25	$1,863.36	$1,828.99	$1,990.66	$2,091.42	$2,255.91	$647.48
64	$1,695.25	$1,863.36	$1,828.99	$1,990.66	$2,091.42	$2,255.91	$647.48
65+**	$1,695.25	$1,863.36	$1,828.99	$1,990.66	$2,091.42	$2,255.91	$647.48

* Only available for enrollment to people under the age of 30 or those who qualify for a hardship exemption. Visit DC Health Link 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, 2027 only.

How To Enroll

Once you decide on the CareFirst plan that works best for your needs, all that's left to do is enroll.

Washington, D.C. residents must purchase their qualified health insurance plan through DC Health Link every year.

1. Visit **dchealthlink.com**

2. Call the DC Health Link, **855-532-5465**

When your coverage will start

When you enroll in your CareFirst plan through the DC Health Link, please verify your coverage start date with them.

Paying for your plan

After CareFirst has received your enrollment information from DC Health Link, you'll be mailed a bill. 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.

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

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

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 44,000 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 47,000 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 age 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.



Our Commitment to You

CareFirst's privacy practices

The following statement applies to 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:

WASHINGTON, D.C.

Medical Necessity Issues:
Department of Health
Office of the General Counsel
Grievance and Appeals Coordinator
825 North Capitol Street, NE, Room 4119
Washington, D.C. 20002
Phone: 202-442-5977 / Fax: 202-442-4797

Issues other than Medical Necessity:
Department of Insurance, Securities and Banking
1050 First Street, NE, Suite 801
Washington, D.C. 20002
Phone: 202-727-8000

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:

Consumer Protection Division
Office of the Attorney General
441 Fourth Street, NW
Washington, D.C. 20001
Phone: 202-347-3400 TTY: 202-727-3400
Fax: 202-347-8922
Website: oag.dc.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.

Please have your Member Services number ready.

Language assistance

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

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

Confidentiality of subscriber/member information

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

CareFirst has policies and procedures in place to protect the confidentiality of member information. Your confidential information includes protected health information (PHI), whether oral, written or electronic, and other nonpublic financial information. Because we are responsible for your insurance coverage, making sure your claims are paid, and that you can obtain any important services related to your 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 your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or 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, it's 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 that is current when the care is rendered. Experimental/investigational services do not include controlled clinical trials.

Compensation and premium disclosure statement

Our compensation to providers who offer healthcare services 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.
840 First Street, NE
Washington, D.C. 20065
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 the primary care and specialty care providers. According to this type of arrangement, CareFirst BlueChoice, Inc. reimburses providers primarily on a discounted fee-for-service payment method. The provider payment method percentages for CareFirst BlueChoice, Inc. are approximately 99% 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.

Chart A: BlueChoice, Inc.

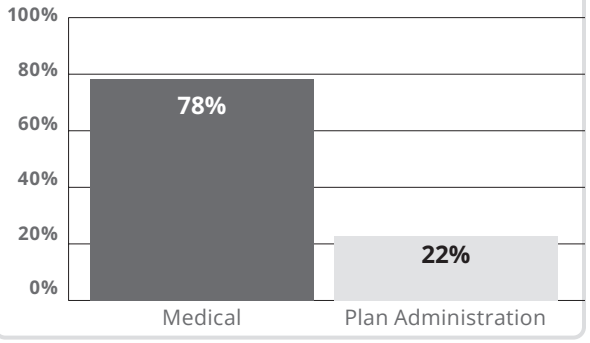
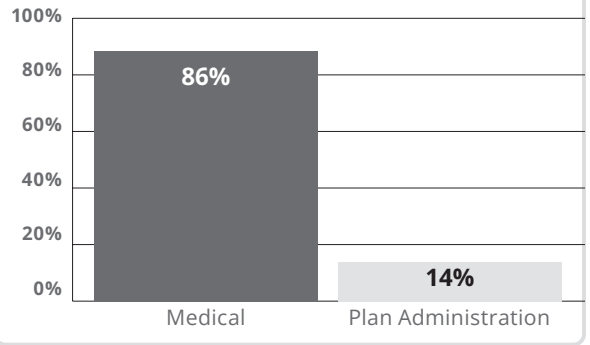


Chart B: Group Hospitalization and Medical Services, Inc.



Defending Access to Women's Health Care Services Revision Act of 2018

The services set forth below mirrors preventive services under the Patient Protection and Affordable Care Act. These preventive services and contraceptive services are covered when clinically appropriate, under recommendations of the United States Preventive Services Task Force and supporting evidence. Services apply to D.C. plans that have elected or are required to provide these preventive services. Limitations may apply with respect to the availability, setting, frequency or method of a service or treatment.

These preventive services are offered at no cost to you. This means you don't have to pay a copay or coinsurance, even if you haven't met your deductible. Subscribers are still responsible for their portion of the premiums.

Children

Well child visits (to age 21) to include:

- Autism screening
- Certain diagnostic screenings for newborns
- Cervical dysplasia for sexually active females
- Depression screening
- Developmental screenings—under age 3
- Hearing screening for newborns
- Hematocrit or hemoglobin screening
- HIV screening
- Lead testing
- Obesity screening
- Vision screening
- Health, diet and weight counseling
- Alcohol and drug assessments for older children
- Tobacco use screening and cessation counseling

Immunizations for children include:

- Diphtheria, Tetanus, Pertussis
- Hepatitis A and Hepatitis B
- Human Papillomavirus (HPV)
- Inactivated Polio
- Influenza
- Influenza B
- Measles, mumps and rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

Adults

Preventive care visits include:

- Abdominal aortic aneurysm (one-time) screening
- Alcohol misuse screening
- Anemia screening
- Breast cancer (mammogram)
- BRCA testing for breast/ovarian cancer risk and genetic counseling
- Breastfeeding support, supplies and counseling
- Cervical cancer screening
- Cholesterol screening
- Colon cancer (colonoscopy)
- Depression screening
- Fall Prevention Physical therapy and Vitamin D (OTC*) supplementation to prevent falls in community-dwelling adults (those who are not in assisted living facilities or nursing homes), age 65 years or older who are at increased risk for falls.
- FDA-approved contraceptives and counseling
- Gestational diabetes screening
- Health, diet and weight counseling for qualifying adults
- Hepatitis B and Hepatitis C screening
- High blood pressure screening
- HIV screening
- HPV DNA testing
- Intimate partner, interpersonal and domestic violence screening and counseling
- Lung cancer screening
- Obesity screening

- Osteoporosis screening
- Rh incompatibility and urinary tract infection screenings for pregnant women
- Sexually transmitted diseases
- Tuberculosis screening
- Type 2 diabetes screening
- Tobacco use screening and cessation counseling

FDA-approved contraceptives:

- Cervical cap (P) with spermicide (OTC*)
- Contraceptive implant system (inserted by doctor)
- Contraceptive patch (P)
- Contraceptive ring (P)
- Diaphragm (P) with spermicide (OTC*)
- Female condom (OTC*)
- IUD (inserted by doctor)
- Morning after pill (generic only) (OTC*)
- Oral contraceptive (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's healthcare provider). Preauthorization and medical review of brand name oral contraceptives is required.
- Oral contraceptive (generics) (P)
- Shot/injection[1] (generic only) (P)
- Spermicide (OTC*)
- Sponge (OTC*) with spermicide (OTC*)
- Sterilization implant
- Sterilization surgery

Immunizations for adults:

- Hepatitis A and B
- Herpes Zoster
- HPV
- Influenza
- Measles, mumps and rubella
- Diphtheria, Tetanus, Pertussis
- Meningococcal
- Pneumococcal
- Varicella

Breastfeeding supplies (provided under the Durable Medical Equipment (DME) benefits of the contract)

Coverage is provided for:

- Electric breast pump (rental and/or purchase)
- Hospital grade electric breast pump (rental)
- Manual breast pumps (rental and/or purchase)

Replacement supplies include:

- Adapter for breast pump
- Breast pump replacement tubing
- Breast shield and splash protector for use with breast pump
- Cap for breast pump bottle
- Locking ring for breast pump
- Polycarbonate bottle for use with breast pump

Prenatal care:

- Routine prenatal obstetrical office visits
- Lactation consultations which may include comprehensive breastfeeding education, support, counseling, clinical management and interventions provided to women during the antenatal, perinatal, and postpartum period to support the initiation, maintenance and continuation of breastfeeding, including when provided to women who encounter difficulties breastfeeding due to anatomic variations, complications, and feeding problems with newborns.
- Perinatal depression screening and counseling

Breast cancer drugs:

- Tamoxifen, Raloxifene, Exemestane and Anastrozole for women 35 and older at an increased risk for invasive breast cancer. Preauthorization required

Preventive drugs for adults:

- Aspirin (81mg) (OTC*)
- Colon Preparations–age 50–74 (P)
- Folic Acid—women of childbearing age (P)
- Smoking Cessation (OTC*)
- Vitamin D (600IU–800IU)—age 65 years and older (P)
- Statins (generic low to moderate intensity) — adults age 40 to 75 (P)
- Generic antiretroviral therapy (Rx)— Emtricitabine/tenofovir disoproxil fumarate 200 mg–300 mg

Preventive drugs for children:

- Fluoride—preschool age (P)
- Iron—6–12 mo. risk of anemia (OTC*)

Information on preventive services are available at healthcare.gov/coverage/preventive-care-benefits

To verify your benefits, check your benefits contract, your enrollment materials or log into My Account at carefirst.com/myaccount.

*Requires a prescription from a physician, or a D.C., Board certified, network pharmacists for contraceptives. Prescriptions must be filled at a network pharmacy to obtain the zero-cost share. You may be able to receive up to a 12-month supply of contraceptives at one time. Ask your physician or pharmacist if you have any questions regarding dispensing amount.

[1] Includes brand name Depo-SubQ Provera 104 (injection)

(P) Prescription Required

(OTC) Over the Counter

2027 Washington, D.C. Policy Form Numbers

BlueChoice HMO HSA Bronze 6500 Virtual Connect Plus
DC/CFBC/EXC/HMO/IEA (R. 1/26); DC/CFBC/DOL APPEAL (R. 1/26); DC/CFBC/EXC/HMO/DOCS (R. 1/26) or DC/CFBC/EXC/HMO REF/DOCS (R. 1/27); DC/CFBC/EXC/HMO HSA/BRZ 6500 VC+ (1/27); DC/CFBC/MEM/BLCRD (R. 6/18); DC/CFBC/CD/AUTH AMEND/HMO OA (R. 1/27) or DC/CFBC/CD/AUTH AMEND/HMO REF (R. 1/27); DC/CFBC/EXC/HMO OA/2027 AMEND (1/27); DC/CFBC/PT PROTECT (9/10); DC/CFBC/CD/HMO/INCENT (1/23); DC CFBC – HEALTH GUARANTY 6/25 and any amendments.

BlueChoice HMO Essential Bronze 7500
DC/CFBC/EXC/HMO/IEA (R. 1/26); DC/CFBC/DOL APPEAL (R. 1/26); DC/CFBC/EXC/HMO/DOCS (R. 1/26) or DC/CFBC/EXC/HMO REF/DOCS (R. 1/27); DC/CFBC/EXC/HMO ESS/BRZ 7500 (1/27); DC/CFBC/MEM/BLCRD (R. 6/18); DC/CFBC/CD/AUTH AMEND/HMO OA (R. 1/27) or DC/CFBC/CD/AUTH AMEND/HMO REF (R. 1/27); DC/CFBC/EXC/HMO OA/2027 AMEND (1/27); DC/CFBC/PT PROTECT (9/10); DC/CFBC/CD/HMO/INCENT (1/23); DC CFBC – HEALTH GUARANTY 6/25 and any amendments.

BlueChoice HMO Essential Silver 4850
DC/CFBC/EXC/HMO/IEA (R. 1/26); DC/CFBC/DOL APPEAL (R. 1/26); DC/CFBC/EXC/HMO/DOCS (R. 1/26) or DC/CFBC/EXC/HMO REF/DOCS (R. 1/27); DC/CFBC/EXC/HMO ESS/SIL 4850 (1/27); DC/CFBC/EXC/HMO ESS/SIL 4850 A (1/27); DC/CFBC/EXC/HMO ESS/SIL 4850 B (1/27); DC/CFBC/EXC/HMO ESS/SIL 4850 C (1/27); DC/CFBC/EXC/NATAMER (1/14); DC/CFBC/MEM/BLCRD (R. 6/18); DC/CFBC/CD/AUTH AMEND/HMO OA (R. 1/27) or DC/CFBC/CD/AUTH AMEND/HMO REF (R. 1/27); DC/CFBC/EXC/HMO OA/2027 AMEND (1/27); DC/CFBC/PT PROTECT (9/10); DC/CFBC/CD/HMO/INCENT (1/23); DC CFBC – HEALTH GUARANTY 6/25 and any amendments.

BlueChoice HMO Essential Gold 500
DC/CFBC/EXC/HMO/IEA (R. 1/26); DC/CFBC/DOL APPEAL (R. 1/26); DC/CFBC/EXC/HMO/DOCS (R. 1/26) or DC/CFBC/EXC/HMO REF/DOCS (R. 1/27); DC/CFBC/EXC/HMO ESS/GOLD 500 (1/27); DC/CFBC/MEM/BLCRD (R. 6/18); DC/CFBC/CD/AUTH AMEND/HMO OA (R. 1/27) or DC/CFBC/CD/AUTH AMEND/HMO REF (R. 1/27); DC/CFBC/EXC/HMO OA/2027 AMEND (1/27); DC/CFBC/PT PROTECT (9/10); DC/CFBC/CD/HMO/INCENT (1/23); DC CFBC – HEALTH GUARANTY 6/25 and any amendments.

BlueChoice HMO Essential Platinum 0
DC/CFBC/EXC/HMO/IEA (R. 1/26); DC/CFBC/DOL APPEAL (R. 1/26); DC/CFBC/EXC/HMO/DOCS (R. 1/26) or DC/CFBC/EXC/HMO REF/DOCS (R. 1/27); DC/CFBC/EXC/HMO ESS /PLAT 0 (1/27); DC/CFBC/MEM/BLCRD (R. 6/18); DC/CFBC/CD/AUTH AMEND/HMO OA (R. 1/27) or DC/CFBC/CD/AUTH AMEND/HMO REF (R. 1/27); DC/CFBC/EXC/HMO OA/2027 AMEND (1/27); DC/CFBC/PT PROTECT (9/10); DC/CFBC/CD/HMO/INCENT (1/23); DC CFBC – HEALTH GUARANTY 6/25 and any amendments.

BlueChoice HMO HSA Gold 1750 Virtual Connect Plus
DC/CFBC/EXC/HMO/IEA (R. 1/26); DC/CFBC/DOL APPEAL (R. 1/26); DC/CFBC/EXC/HMO/DOCS (R. 1/26) or DC/CFBC/EXC/HMO REF/DOCS (R. 1/27); DC/CFBC/EXC/HMO HSA/GOLD 1750 VC+ (1/27); DC/CFBC/MEM/BLCRD (R. 6/18); DC/CFBC/CD/AUTH AMEND/HMO OA (R. 1/27) or DC/CFBC/CD/AUTH AMEND/HMO REF (R. 1/27); DC/CFBC/EXC/HMO OA/2027 AMEND (1/27); DC/CFBC/PT PROTECT (9/10); DC/CFBC/CD/HMO/INCENT (1/23); DC CFBC – HEALTH GUARANTY 6/25 and any amendments.

BlueChoice HMO Young Adult 10600 Virtual Connect Plus
DC/CFBC/EXC/HMO/IEA (R. 1/26); DC/CFBC/DOL APPEAL (R. 1/26); DC/CFBC/EXC/HMO/DOCS (R. 1/26) or DC/CFBC/CD/AUTH AMEND/HMO REF (R. 1/27); DC/CFBC/EXC/HMO/YA 12000 VC+ SOB (1/27); DC/CFBC/MEM/BLCRD (R. 6/18); DC/CFBC/CD/AUTH AMEND/HMO OA (R. 1/27) or DC/CFBC/CD/AUTH AMEND/HMO REF (R. 1/27); DC/CFBC/EXC/HMO OA/2027 AMEND (1/27); DC/CFBC/PT PROTECT (9/10); DC/CFBC/CD/HMO/INCENT (1/23); DC CFBC – HEALTH GUARANTY 6/25 and any amendments.

BluePreferred PPO HSA Bronze 6500 Virtual Connect Plus
DC/CF/EXC/BP/IEA (R. 1/26); DC/GHMSI/DOL APPEAL (R. 1/26); DC/CF/BP/EXC/DOCS (R. 1/26); DC/CF/EXC/BP HSA/BRZ 6500 VC+ (1/27); DC/CF/MEM/BLCRD (R. 6/18); DC/CF/ANCILLARY AMEND (10/12); DC/CF/CD/AUTH AMEND PPO (R. 1/27); DC/CF/EXC/2027 AMEND (1/27); DC CFBC – HEALTH GUARANTY 6/25; DC/CF/PT PROTECT (9/10); DC/CF/CD/BP/INCENT (1/23) and any amendments.

BluePreferred PPO Essential Bronze 7500
DC/CF/EXC/BP/IEA (R. 1/26); DC/GHMSI/DOL APPEAL (R. 1/26); DC/CF/BP/EXC/DOCS (R. 1/26);
DC/CF/EXC/BP ESS/BRZ 7500 (1/27); DC/CF/MEM/BLCRD (R. 6/18); DC/CF/ANCILLARY AMEND (10/12); DC/CF/CD/AUTH AMEND PPO (R. 1/27); DC/CF/EXC/2027 AMEND (1/27); DC CFBC – HEALTH GUARANTY 6/25; DC/CF/PT PROTECT (9/10); DC/CF/CD/BP/INCENT (1/23) and any amendments.

BluePreferred PPO Essential Silver 4850
DC/CF/EXC/BP/IEA (R. 1/26); DC/GHMSI/DOL APPEAL (R. 1/26); DC/CF/BP/EXC/DOCS (R. 1/26);
DC/CF/EXC/BP ESS/SIL 4850 (1/27); DC/CF/EXC/BP ESS/SIL 4850 A (1/27); DC/CF/EXC/BP ESS/SIL 4850 B (1/27); DC/CF/EXC/BP ESS/SIL 4850 C (1/27); DC/CF/MEM/BLCRD (R. 6/18); DC/CF/ANCILLARY AMEND (10/12); DC/CF/CD/AUTH AMEND PPO (R. 1/27); DC/CF/EXC/2027 AMEND (1/27); DC CFBC – HEALTH GUARANTY 6/25; DC/CF/PT PROTECT (9/10); DC/CF/CD/BP/INCENT (1/23) and any amendments.

BluePreferred PPO Essential Gold 500
DC/CF/EXC/BP/IEA (R. 1/26); DC/GHMSI/DOL APPEAL (R. 1/26); DC/CF/BP/EXC/DOCS (R. 1/26);
DC/CF/EXC/BP ESS/GOLD 500 (1/27); DC/CF/MEM/BLCRD (R. 6/18); DC/CF/ANCILLARY AMEND (10/12); DC/CF/CD/AUTH AMEND PPO (R. 1/27); DC/CF/EXC/2027 AMEND (1/27); DC CFBC – HEALTH GUARANTY 6/25; DC/CF/PT PROTECT (9/10); DC/CF/CD/BP/INCENT (1/23) and any amendments.

BluePreferred PPO Essential Platinum 0
DC/CF/EXC/BP/IEA (R. 1/26); DC/GHMSI/DOL APPEAL (R. 1/26); DC/CF/BP/EXC/DOCS (R. 1/26);
DC/CF/EXC/BP PPO ESS/PLAT 0 (1/27); DC/CF/MEM/BLCRD (R. 6/18); DC/CF/ANCILLARY AMEND (10/12); DC/CF/CD/AUTH AMEND PPO (R. 1/27); DC/CF/EXC/2027 AMEND (1/27); DC CFBC – HEALTH GUARANTY 6/25; DC/CF/PT PROTECT (9/10); DC/CF/CD/BP/INCENT (1/23) and any amendments.

BluePreferred PPO HSA Gold 1750 Virtual Connect Plus
DC/CF/EXC/BP/IEA (R. 1/26); DC/GHMSI/DOL APPEAL (R. 1/26); DC/CF/BP/EXC/DOCS (R. 1/26);
DC/CF/EXC/BP HSA/GOLD 1750 VC+ (1/27); DC/CF/MEM/BLCRD (R. 6/18); DC/CF/ANCILLARY AMEND (10/12); DC/CF/CD/AUTH AMEND PPO (R. 1/27); DC/CF/EXC/2027 AMEND (1/27); DC CFBC – HEALTH GUARANTY 6/25; DC/CF/PT PROTECT (9/10) ; DC/CF/CD/BP/INCENT (1/23) and any amendments.

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.

CDS1260-1P (9/26)

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 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.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their 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): ọkwà 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 mkpariṭa 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 shį́į́ t'áá bich'į'jį' ha'át'íishį́į́ 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 béédahóziní 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 adílchííd hodoo'niidjį'. Naalnishí haadzį́į'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 mana‘omia ai le faia o se gaioiga i nisi taimi fa‘agata. 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.

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