



Family of health care plans

2021 Small Group ACA Product Portfolio

VIRGINIA

Effective January 1, 2021

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General Portfolio Notes

- The separate and aggregate status of a plan refers to the aggregation of dollars toward meeting the deductible and out-of-pocket maximum for plans with more than one member.
 - **Separate:** Each member can satisfy his/her own deductible by meeting the "individual" deductible. In addition, eligible expenses for all covered family members can be combined to satisfy the "family" deductible. However, an individual family member cannot contribute more than the individual deductible toward meeting the family deductible. Once the family deductible has been met, this will satisfy the deductible for all covered family members. The out-of-pocket maximum can be met in the same way.
 - **Aggregate:** The deductible can be met entirely by one member or by combining eligible expenses of two or more covered family members. There is no individual deductible with family coverage. The family deductible must be reached before CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. (CareFirst) pay benefits for any member who has family coverage. The out-of-pocket maximum can be met in the same way.
 - **NOTE: Any type of coverage that is not individual coverage is considered family coverage for the purpose of determining the deductible and out-of-pocket maximum.**
- All in- and out-of-network (OON) deductible and out-of-pocket (OOP) maximums are separate and do not contribute to each other.
- All cost sharing for essential health benefits contributes to the federal limitation in the maximum out-of-pocket (deductibles, copays and coinsurance).
- All plans are mental health parity-compliant.
- Durable medical equipment (DME) is subject to coinsurance in all product designs.
- Off-SHOP PPO products have out-of-network benefits that contain both copays and coinsurance.
- All plans include pediatric dental, which utilizes the Preferred Dental Network for in-network services, and pediatric vision coverage through Davis Vision.* Adult core BlueVision coverage is not included.
 - Dependents are eligible for pediatric dental and vision benefits through the end of the calendar year in which they turn 19. Once dependents are off the pediatric benefit, they are eligible to be added to an existing family dental/vision plan through a special open enrollment event.
- The pediatric dental deductibles are separate deductibles apart from the medical/Rx integrated and non-integrated deductibles. However, covered pediatric dental and vision out-of-pocket expenses accumulate toward the medical out-of-pocket maximum.
- Pediatric dental has no annual maximum. Once the medical out-of-pocket maximum is reached, all cost sharing for pediatric dental will cease for covered services.
- Pediatric dental and vision plans also include out-of-network benefits for all ACA medical plans, even if embedded in a medical plan without out-of-network benefits.
- Ancillary dental and vision products are offered as non-parallel only.
- Off-SHOP benefit periods in Virginia can be offered on either a Contract or Calendar Year basis. This applies to medical, dental and vision.
- Age limits for dependent children (medical/Rx)—Dependent children enrolled by an eligible employee (other than an incapacitated dependent child) are covered until the last day of the month of their 26th birthday.

* CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. contract with Davis Vision to offer an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members. Davis Vision is solely responsible for the services it provides.

Prescription Drug Notes

- Drugs are ranked into tiers (categories) and the price a member pays is determined by that tier.
 - "T1/T2/T3/T4/T5" in the product portfolio represents Generic/Preferred Brand/Non-preferred Brand/Preferred Specialty/Non-preferred Specialty member copays or coinsurance.
- **Generic drugs** are equally safe and effective as brand name drugs, but generics typically cost significantly less.
- **Brand drugs**
 - **Preferred brand drugs** are brand-name drugs that may not be available in generic form but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
 - **Non-preferred brand drugs** often have a generic or preferred brand drug option where members' cost share will be lower.
 - **Mandatory generic substitution:** If a member fills a non-preferred brand drug when a generic alternative is available, the member pays the non-preferred brand copay or coinsurance plus the cost differential between the generic and non-preferred brand drug, even if the doctor writes Dispense as Written (DAW) on the prescription. This amount will not contribute to the out-of-pocket max.
- **Specialty drugs**
 - **Specialty drugs** are high-cost drugs that may require specialty handling, administration or monitoring and may be oral or injectable medications used to treat chronic, complex and/or rare health conditions like Rheumatoid Arthritis or Multiple Sclerosis.
 - **Preferred specialty drugs** are specialty drugs that may have a lower member cost share than non-preferred specialty drugs.
 - **Non-preferred specialty drugs** often have a specialty drug option where the member's cost share will be lower.
- Benefits for covered specialty drugs are available when purchased by mail order. Members will receive convenient delivery through mail order from CVS Specialty Pharmacy to the address of their choice, including their doctor's office or a CVS Pharmacy retail location.
- **Zero cost-share drugs** include preventive drugs, preferred brand insulin, medication-assisted treatment drugs and oral chemotherapy drugs.
- **Preventive drugs, preferred brand insulin and diabetic supplies under Rx** are covered at \$0 with no deductible including HSA plans. Preventive drugs are prescribed medications or devices on the CareFirst Preventive Drug list. To find the Preventive Drug List, visit carefirst.com/acarx, and scroll down to *Drug Lists*.
 - **Diabetic supplies covered under RX:** syringes, lancets, test strips, alcohol swabs.
 - **Diabetic supplies covered under Medical:** insulin pumps, glucose meters (covered under the DME benefit and subject to normal cost-share.)
- **Medication-assisted treatment drugs and oral chemotherapy drugs** are covered at \$0 and are not subject to the deductible except in HSA/HRA plans with a combined medical and drug deductible where the deductible does apply.
 - **Medication-assisted treatment drugs are used to treat substance use disorders.**
- Non-preferred brand insulin is capped at \$50 for a 30 day supply and \$100 for a 90-day supply with no deductible

Prescription Drug Notes

- To avoid additional out-of-pocket costs, members should ask their provider(s) to prescribe a generic drug, or choose a generic version of the prescribed brand-name drug if one is available.
- All prescription drug deductibles/copays/coinsurances at network pharmacies will count toward the in-network out-of-pocket maximum.
- **PPO and POS plans with out-of-network benefits:** If a member goes to a non-participating pharmacy, the member is responsible for paying the total charge and submitting a claim to the plan for reimbursement. Members are reimbursed the allowed benefit minus any applicable deductible, copay/coinsurance and may be responsible for balances above the allowed benefit. The balance billed amount does not count toward the out-of-pocket maximum.
- **HMO plans:** Members may only access non-participating network pharmacies in the case of emergency services or out-of-area urgent care and are responsible for paying the total charge and submitting a claim to the plan for reimbursement. Members are reimbursed the allowed benefit minus any applicable deductible, copay/coinsurance and may be responsible for balances above the allowed benefit. The balance billed amount does not count toward the out-of-pocket maximum.

Wellness and Blue Rewards Notes

All medical plans include our Wellness Program and the Blue Rewards member incentive program. These programs are available at no additional administrative cost to our accounts.

Wellness Program

CareFirst partners with Sharecare* to provide a wellness and disease management program. Integrating technology and real-time data, the program provides our members with greater awareness of their health status and tailored resources to help them improve it.

The wellness program offers exclusive features including:

- **RealAge®:** This unique online health assessment shows the member's physical age versus their calendar age.
- **Personalized content:** Based on their well-being goals, motivation and interests, each individual receives customized tips, insights and tools.
- **Trackers:** The program enables syncing of wearable devices that monitor the daily habits influencing members health like stress, sleep, steps, nutrition, biometric values and more.
- **Challenges:** A variety of challenge options are available that help support and motivate members to achieve their health goals.
- **Health Profile:** Provides members with easy access to the evolving story of their health including biometric information, lab results and medications, all in one place.
- **Blue Rewards:** Members can earn incentives for participating in activities like taking the RealAge test, consenting to receive wellness emails, selecting a primary care provider and completing a health screening.

There are also specialized programs to help members with a chronic condition or a specific health goal:

- **Health coaching:** Confidential, high-touch coaching focusing on lifestyle and/or disease management. The program provides one-on-one support with a primary coach to foster a trusting, collaborative relationship that accelerates behavior change. Coaching sessions are unique for each participant, delivered with the frequency and through the channels they prefer to encourage sustained engagement.
- **Weight management program:** Through personalized telemedicine-based coaching support, and web-based tools and resources, this program provides an individualized approach that fits into each participant's lifestyle to support long-term weight management.
- **Tobacco cessation program:** Engages participants with support messages and helpful emails, online tools and more to make quitting tobacco even more successful.
- **Financial well-being:** Individuals are empowered to take control of their finances by making small changes that add up to big results.

* Sharecare, Inc. is 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.

Wellness and Blue Rewards Notes

Blue Rewards

The subscriber and the subscriber's spouse or domestic partner are both eligible to earn the Blue Rewards incentive. Dependents, regardless of age, are not eligible for Blue Rewards. The following activities are part of the Sharecare digital experience:

How it Works

Activities	Eligible Population	Timing	Incentive Amount
Select a PCP AND complete a health screening by visiting a PCP or CVS MinuteClinic	Subscriber and spouse/domestic partner	Within 120 days of effective or renewal date	\$100
Answer the RealAge health assessment AND consent to receive wellness emails	Subscriber and spouse/domestic partner	Within 120 days of effective or renewal date	\$50
Retake the RealAge health assessment after 6 months (among those who already completed an initial assessment)	Those who took the initial health assessment and provided e-consent	Through end of the benefit period	\$25
Health coaching <ul style="list-style-type: none">■ Session 1 = \$30■ Session 2 = \$70■ Session 3 = \$100	Only those who are identified by CareFirst for coach-directed guidance	Through end of benefit period (1 per month up to 3 sessions/\$200 maximum)	\$30-\$200 based on session

Incentive type:

The incentive type for the Blue Rewards program is a medical expense debit card which can be used for their deductible, copays, coinsurance and out-of-pocket expenses related to a member's CareFirst medical, prescription drug, dental and vision coverage.

- Members can use the medical expense debit card at health care related merchants only.
- Members can submit proof of a qualified expense online and receive reimbursement.
- The incentive card can be used for expenses incurred by any covered member under the policy, including dependents.

Upon earning an incentive, the subscriber will receive the medical expense debit card for all members covered under the policy. If an incentive was earned last year, the incentive card will be reloaded with any newly earned incentives. Subscribers should keep their card as long as they are a CareFirst member. Additional earned amounts will automatically be added to the subscriber's card.

The reward can be used for any expense incurred during the benefit period. Members will have a 90-day grace period to submit expenses that were incurred during the benefit period.

Wellness and Blue Rewards Notes

Members enrolled in a health plan with a health savings account (HSA) option

IRS regulations allow members in an HSA-compliant health plan to receive an incentive card prior to meeting their minimum deductible if certain requirements are met.

If you are enrolled in an HSA product, the health insurance policyholder will need to sign in to their Sharecare account and agree to the HSA Agreement Terms before rewards can be earned. If the policyholder does not agree with the terms, Blue Reward incentive activities may be completed but no reward will be earned.

- If the HSA is not funded (by the member or their employer) during the benefit period, then the member is eligible to receive and use the card before meeting the minimum deductible.
- Or, if a member does fund their HSA but has CareFirst dental and vision coverage, the member is eligible to receive the card before meeting the minimum deductible and use the card for dental and vision expenses only. Once the minimum deductible has been met, the card can be used for all qualified expenses (including medical and prescription drug).

If a member meets either of the above criteria, the card will be sent or reloaded upon completing their incentive steps.

If the subscriber is funding their HSA or does not certify to only use the card for dental and vision expenses prior to meeting the minimum deductible, then they will not receive their card until the IRS minimum deductible has been met (\$1,400 individual/\$2,800 family for 2021). Additionally, members will only be able to use the reward for expenses incurred after meeting the IRS minimum deductible (\$1,400 individual/\$2,800 family for 2021).

Additional notes

- The selection of a PCP is not required at the time of enrollment unless the product specifies it; however, a PCP must be selected post-enrollment to earn the Blue Rewards.
 - Members enrolled in Advantage and PPO products located outside the service area can select a PCP in the BlueCard® national PPO network from any of the following specialties to earn the reward amount: General Practice, Family Practice, Internal Medicine, Pediatrics and Geriatrics.
- When an employee is hired into a group, they do not have to wait to complete the incentive activities. The “start” time for being eligible to complete the activities is equal to when the coverage is effective for the employee.
- Incentive funds are “use it or lose it” and need to be used for services incurred during the benefit period.

CareFirst Virginia Marketing Service Area

The following information is also included in the Rate Comparison tool available after logging in to broker portal.

VA Territory - The cities of Alexandria and Falls Church, the counties of Arlington and the portion of Fairfax east of Route 123, including incorporated limits of Fairfax City and the town of Vienna in their entirety.

The Virginia zip codes that are within the service area are:

- **Alexandria:** 22300, 22301, 22302, 22304, 22305, 22311, 22313, 22314, 22320, 22321, 22331, 22332, 22333, 22334, 22336, 22350
- **Arlington:** 20231, 20301, 20310, 20330, 20350, 20406, 20453, 20598, 22200, 22201, 22202, 22203, 22204, 22205, 22206, 22207, 22209, 22210, 22211, 22212, 22213, 22214, 22215, 22216, 22217, 22218, 22219, 22222, 22223, 22225, 22226, 22227, 22229, 22230, 22234, 22240, 22241, 22242, 22243, 22244, 22245, 22246
- **Fairfax City:** 22038
- **Fairfax:** 20069, 20070, 20206, 22003, 22009, 22015, 22027, 22031, 22032, 22034, 22035, 22036, 22037, 22041, 22042, 22043, 22044, 22047, 22060, 22081, 22082, 22106, 22107, 22108, 22109, 22116, 22118, 22119, 22120, 22121, 22122, 22150, 22151, 22152, 22153, 22156, 22158, 22159, 22160, 22161, 22303, 22306, 22307, 22308, 22309, 22310, 22312, 22315

A portion of the CareFirst VA Marketing Service Area, that is split by Route 123, requires you to locate the address on a map to determine if the location is east of Route 123. If so, it is in CareFirst territory.

Zip codes split by Route 123 are:

- **Fairfax County:** 22030, 22039, 22079, 22101, 22102, 22124, 22180, 22181, 22182, 22183, 22184, 22185, and 22199
- **Prince William County:** 22125, 22191, 22192, and 22194

Federal Exchange

Small Group On-SHOP ACA Products from CareFirst (Plans also available for sale Off-SHOP)

HealthCare.gov

Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Coinsurance	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
BlueChoice HMO														
Gold	BlueChoice HMO 1000 (SUM5260)	\$1,000/\$2,000	\$4,550/\$9,100	N/A	N/A	D, 20%	D, 20%	D, 20%	Integrated	\$10/20%/40%/50% up to \$100 max/50% up to \$150 max	Integrated	HRA	Separate	Separate
Silver	BlueChoice HMO HSA/HRA 2400* (SUM5272)	\$2,400/\$4,800	\$6,900/\$13,800	N/A	N/A	D, 20%	D, 20%	D, 20%	Integrated	\$10/20%/40%/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate
BlueChoice Advantage														
Platinum	BlueChoice Advantage 90%/70% (SUM5241)	\$0/\$0	\$3,100/\$6,200	\$2,000/\$4,000	\$6,200/\$12,400	10%	10%	10%	\$0	\$10/20%/40%/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Aggregate	Aggregate
BluePreferred PPO														
Platinum	BluePreferred PPO 100%/80% (SUM5290)	\$0/\$0	\$3,700/\$7,400	\$2,600/\$5,200	\$7,400/\$14,800	0%	\$20/\$30	\$250 per admission	\$0	\$10/20%/40%/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Aggregate	Aggregate
Gold	BluePreferred PPO 1000 90%/70% (SUM5297)	\$1,000/\$2,000	\$7,350/\$14,700	\$2,000/\$4,000	\$14,700/\$29,400	D, 10%	D, 10%	D, 10%	Integrated	\$15/20%/40%/50% up to \$100 max/50% up to \$150 max	Integrated	HRA	Aggregate	Separate
Silver	BluePreferred PPO HSA/HRA 2400 80%/60%* (SUM5304)	\$2,400/\$4,800	\$6,900/\$13,800	\$4,800/\$9,600	\$13,800/\$27,600	D, 20%	D, 20%	D, 20%	Integrated	\$10/20%/40%/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate

* Indicates cost-share change

* Previously BlueChoice HMO HSA/HRA 2300 and BluePreferred PPO HSA/HRA 2300 80%/60%

Federal Exchange

Small Group On-SHOP ACA Products from CareFirst (Plans also available for sale Off-SHOP)

HealthCare.gov

Notes:

- The plans listed above can also be sold Off-SHOP using this same benefit summary.
- VA Health Exchange requires 70 percent participation and 50 percent of individual premium contribution.
- The minimum enrollment requirements do not apply to a small employer who submits an application between November 15 and December 15 of any calendar year. Otherwise, all other groups have to enroll and maintain the minimum enrollment requirements for medical coverage.
- In- and out-of-network (OON) deductible and out-of-pocket (OOP) maximums are separate and do not contribute to each other.
- Depending on the plan, deductibles may apply before the copay is active.
- CDH plans sold on the VA Health Exchange can only be sold as Compatible. Compatible plans do not integrate with Further, the fund administrator offered by CareFirst.
- Contract year benefit periods are only available on the VA Health Exchange.
- Off cycle benefit changes not allowed On-SHOP.
- Only those plans that include "Referral" in the product name require a referral.
- Reminder: To enroll in HMO, HMO Referral and Plus plans, members must live or work within the CareFirst service area of Maryland, Washington, DC or Northern Virginia.

BlueChoice HMO Referral and BlueChoice HMO Small Group ACA Products Sold Off-SHOP



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
BlueChoice HMO Referral													
Platinum	BlueChoice HMO Referral Platinum 0 (SUM5278)	\$0/\$0	\$1,600/\$3,200	N/A	N/A	\$10/\$20	\$200 per admission	\$0	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Gold	BlueChoice HMO Referral Gold 0 (SUM5279)	\$0/\$0	\$6,500/\$13,000	N/A	N/A	\$30/\$40	\$500 per admission	\$0	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Gold	BlueChoice HMO Referral Gold 500 (SUM5280)	\$500/\$1,000 ²	\$7,900/\$15,800	N/A	N/A	\$15/\$30	D, \$400 per admission	\$250*	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Silver	BlueChoice HMO Referral Silver 4000 (SUM5281)	\$4,000/\$8,000 ²	\$8,150/\$16,300	N/A	N/A	\$25/\$50	D, \$500 per day**	\$400*	\$15/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated	HRA	Separate	Separate
Bronze	BlueChoice HMO Referral Bronze 8250* (SUM5282)	\$8,250/\$16,500	\$8,250/\$16,500	N/A	N/A	D, \$0	D, \$0	Integrated	\$0/\$0/\$0/\$0/\$0	Integrated	HRA	Separate	Separate

* Indicates cost-share change

* Previously BlueChoice HMO Referral Bronze 8150

² The following services are not subject to the deductible: PCP, specialist, convenience care, urgent care, generic drugs, and freestanding lab/x-ray services.

* Does not apply to generics

** 5 day maximum

BlueChoice HMO Referral and BlueChoice HMO

Small Group ACA Products Sold Off-SHOP



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
BlueChoice HMO													
Platinum	BlueChoice HMO Platinum 0 (SUM5258)	\$0/\$0	\$1,600/\$3,200	N/A	N/A	\$10/\$20	\$200 per admission	\$0	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Gold	BlueChoice HMO Gold 500 (SUM5259)	\$500/\$1000 ²	\$7,900/\$15,800	N/A	N/A	\$15/\$30	D, \$400 per admission	\$250*	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Silver	BlueChoice HMO Silver 1500 (SUM5264)	\$1,500/\$3,000 ¹	\$8,150/\$16,300	N/A	N/A	\$40/D, \$100	D, \$500 per day**	\$250*	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated	HRA	Aggregate	Separate
Gold	BlueChoice HMO 1000 SE (SUM5261)	\$1,000/\$2,000	\$4,550/\$9,100	N/A	N/A	D, 20%	D, 20%	Integrated	\$10/20%/40%/50% up to \$100 max/50% up to \$150 max	Integrated	HRA	Separate	Separate
Gold	BlueChoice HMO Gold 1500 (SUM5262)	\$1,500/\$3,000 ²	\$5,100/\$10,200	N/A	N/A	\$15/\$30	D, \$400 per admission	\$250*	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated	HRA	Separate	Separate
Gold	BlueChoice HMO HSA/HRA Gold 1500 (SUM5267)	\$1,500/\$3,000	\$3,200/\$6,400	N/A	N/A	D, \$10/D, \$20	D, \$200 per admission	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate
Silver	BlueChoice HMO HSA/HRA Silver 1500 (SUM5269)	\$1,500/\$3,000	\$6,900/\$13,800	N/A	N/A	D, \$25/D, \$50	D, \$500 per admission	Integrated	\$15/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate

¹ Indicates cost-share change

¹ The following services are not subject to the deductible: PCP, convenience care, urgent care, and generic drugs.

² The following services are not subject to the deductible: PCP, specialist, convenience care, urgent care, generic drugs, and freestanding lab/x-ray services.

* Does not apply to generics

** 5 day maximum

BlueChoice HMO Referral and BlueChoice HMO

Small Group ACA Products Sold Off-SHOP



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
Silver	BlueChoice HMO HSA/HRA Silver 2000 (SUM5270)	\$2,000/\$4,000	\$5,750/\$11,500	N/A	N/A	D, \$25/D, \$50	D, \$500 per day***	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate
Silver	BlueChoice HMO HSA/HRA 2400 SE* (SUM5273)	\$2,400/\$4,800	\$6,900/\$13,800	N/A	N/A	D, 20%	D, 20%	Integrated	\$10/20%/40%/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate
Silver	BlueChoice HMO HSA/HRA Silver 3000 (SUM5274)	\$3,000/\$6,000	\$4,750/\$9,500	N/A	N/A	D, \$25/D, \$50	D, \$500 per day**	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Separate	Separate
Gold	BlueChoice HMO Gold 3000 (SUM5263)	\$3,000/\$6,000 ²	\$7,000/\$14,000	N/A	N/A	\$15/\$30	D, \$200 per admission	\$250*	\$10/\$40/\$70/\$100/\$150	Non-Integrated	HRA	Separate	Separate
Silver	BlueChoice HMO Silver 5000 (SUM5265)	\$5,000/\$10,000 ²	\$8,300/\$16,600	N/A	N/A	\$0/\$50	D, \$500 per admission	\$450*	\$10/\$40/\$70/\$100/\$150	Non-Integrated	HRA	Separate	Separate
Bronze (New!)	BlueChoice HMO Value Bronze 6000 (SUM5266)	\$6,000/\$12,000 ³	\$8,300/\$16,600	N/A	N/A	\$40/D, \$50	D, 40% coinsurance	Integrated	\$20/\$50/\$70/\$100/\$150	Integrated		Separate	Separate
Bronze	BlueChoice HMO HSA/HRA Bronze 6100* (SUM5276)	\$6,100/\$12,200	\$6,900/\$13,800	N/A	N/A	D, \$50/D, \$100	D, \$500 per admission	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Separate	Separate

* Indicates cost-share change

* Previously BlueChoice HMO HSA/HRA 2400 SE BlueChoice HMO HSA/HRA Bronze 6000

¹ The following services are not subject to the deductible: PCP, convenience care, urgent care, and generic drugs.

² The following services are not subject to the deductible: PCP, specialist, convenience care, urgent care, generic drugs, and freestanding lab/x-ray services.

³ The following services are not subject to the deductible: PCP, convenience care, urgent care.

* Does not apply to generics

** 5 day maximum

BlueChoice HMO Referral and BlueChoice HMO Small Group ACA Products Sold Off-SHOP



Notes:

- VA off-SHOP participation requirement: 60 percent of all eligibles.
- The minimum enrollment requirements do not apply to a small employer who submits an application between November 15 and December 15 of any calendar year. Otherwise, all other groups have to enroll and maintain the minimum enrollment requirements for medical coverage.
- In- and out-of-network (OON) deductible and out-of-pocket (OOP) maximums are separate and do not contribute to each other.
- Only those plans that include "Referral" in the product name require a referral.
- Reminder: To enroll in HMO, HMO Referral and Plus plans, members must live or work within the CareFirst service area of Maryland, Washington, DC or Northern Virginia.
- All HSA/HRA plans sold off-SHOP may be offered as a BlueFund or Compatible plan with no difference in cost. BlueFund HSA and HRA plans integrate with our trustee and fund administrator. Compatible plans do not integrate with Further, the fund administrator offered by CareFirst.
- Any integrated plan included in the table with a deductible greater than or equal to \$1,400 is considered a qualified high deductible health plan (HDHP).
- Plans with a deductible greater than or equal to \$1,000 can be offered as a BlueFund or Compatible HRA.

BlueChoice Plus, BlueChoice Plus Opt-Out and BlueChoice Advantage

Small Group ACA Products Sold Off-SHOP



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
BlueChoice Plus													
Gold	BlueChoice Plus Gold 500 (SUM5283)	\$500/\$1,000 ²	\$7,900/\$15,800	\$1,000/\$2,000	\$15,800/\$31,600	\$15/\$30	D, \$400 per admission	\$250*	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Gold	BlueChoice Plus Gold 1000 (SUM5284)	\$1,000/\$2,000 ²	\$5,750/\$11,500	\$2,000/\$4,000	\$11,500/\$23,000	\$15/\$30	D, \$400 per admission	\$250*	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated	HRA	Separate	Separate
Silver	BlueChoice Plus HSA/HRA Silver 1500 (SUM5286)	\$1,500/\$3,000	\$6,900/\$13,800	\$3,000/\$6,000	\$9,000/\$18,000	D, \$25/D, \$50	D, \$500 per admission	Integrated	\$15/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate
Silver	BlueChoice Plus HSA/HRA Silver 2500 (SUM5287)	\$2,500/\$5,000	\$6,000/\$12,000	\$5,000/\$10,000	\$12,000/\$24,000	D, \$20/D, \$40	D, \$500 per admission	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate
Silver	BlueChoice Plus HSA/HRA Silver 3000 (SUM5288)	\$3,000/\$6,000	\$4,750/\$9,500	\$6,000/\$12,000	\$9,000/\$18,000	D, \$25/D, \$50	D, \$500 per day**	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Separate	Separate
Bronze	BlueChoice Plus HSA/HRA Bronze 6100* (SUM5289)	\$6,100/\$12,200	\$6,900/\$13,800	\$12,200/\$24,400	\$13,800/\$27,600	D, \$50/D, \$100	D, \$500 per admission	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Separate	Separate
BlueChoice Plus Opt-Out													
Platinum	BlueChoice Plus Opt-Out Platinum 0** (SUM5285)	\$0/\$0	\$1,600/\$3,200	\$1,500/\$3,000	\$3,200/\$6,400	\$10/\$20	D, \$200 per admission	\$0	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate

* Indicates cost-share change

* Previously BlueChoice Plus HSA/HRA Bronze 6000

** BlueChoice Plus Opt-Out plans offer in-network coverage through the BlueChoice network and out-of-network coverage through the CareFirst Preferred Provider Organization (PPO) network and non-participating providers. These plans do not have protection from balance billing when using out-of-network PPO/Par networks.

² The following services are not subject to the deductible: PCP, specialist, convenience care, urgent care, generic drugs, and freestanding lab/x-ray services.

* Does not apply to generics

** 5 day maximum

BlueChoice Plus, BlueChoice Plus Opt-Out and BlueChoice Advantage

Small Group ACA Products Sold Off-SHOP



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
BlueChoice Advantage													
Platinum	BlueChoice Advantage Platinum 0 (SUM5240)	\$0/\$0	\$1,600/\$3,200	\$1,500/\$3,000	\$3,200/\$6,400	\$10/\$20	\$200 per admission	\$0	\$10/\$45/\$65/ 50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Platinum	BlueChoice Advantage 90%/70% SE (SUM5242)	\$0/\$0	\$3,100/\$6,200	\$2,000/\$4,000	\$6,200/\$12,400	10%	10%	\$0	\$10/20%/40%/ 50% up to \$100 max/50% up to \$150 max	Non-Integrated		Aggregate	Aggregate
Gold (New!)	BlueChoice Advantage Gold 0 (SUM5243)	\$0/\$0	\$6,500/\$13,000	\$1,000/\$2,000	\$13,000/\$26,000	\$30/\$40	\$500 per admission	\$0	\$10/\$45/\$65/ \$100/ \$150	Non-Integrated		Separate	Separate
Gold	BlueChoice Advantage Gold 500 (SUM5244)	\$500/\$1,000 ²	\$7,900/\$15,800	\$1,000/\$2,000	\$15,800/\$31,600	\$15/\$30	D, \$400 per admission	\$250*	\$10/\$45/\$65/ 50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Gold	BlueChoice Advantage Gold 1000 (SUM5245)	\$1,000/\$2,000 ²	\$5,750/\$11,500	\$2,000/\$4,000	\$11,500/\$23,000	\$15/\$30	D, \$400 per admission	\$250*	\$10/\$45/\$65/ 50% up to \$100 max/50% up to \$150 max	Non-Integrated	HRA	Separate	Separate
Gold	BlueChoice Advantage HSA/HRA Gold 1500 (SUM5250)	\$1,500/\$3,000	\$3,200/\$6,400	\$3,000/\$6,000	\$6,400/\$12,800	D, \$10/D, \$20	D, \$200 per admission	Integrated	\$10/\$45/\$65/ 50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/ HDHP	Aggregate	Separate
Silver	BlueChoice Advantage HSA/HRA Silver 1500 (SUM5252)	\$1,500/\$3,000	\$6,900/\$13,800	\$3,000/\$6,000	\$9,000/\$18,000	D, \$25/D, \$50	D, \$500 per admission	Integrated	\$15/\$45/\$65/ 50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/ HDHP	Aggregate	Separate

¹ Indicates cost-share change

² The following services are not subject to the deductible: PCP, specialist, convenience care, urgent care, generic drugs, and freestanding lab/x-ray services.

* Does not apply to generics

***3 day maximum

BlueChoice Plus, BlueChoice Plus Opt-Out and BlueChoice Advantage

Small Group ACA Products Sold Off-SHOP



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
Silver	BlueChoice Advantage HSA/HRA Silver 2000 (SUM5253)	\$2,000/\$4,000	\$5,750/\$11,500	\$4,000/\$8,000	\$9,000/\$18,000	D, \$25/D, \$50	D, \$500***	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate
Silver	BlueChoice Advantage HSA/HRA Silver 3000 (SUM5255)	\$3,000/\$6,000	\$4,750/\$9,500	\$6,000/\$12,000	\$9,000/\$18,000	D, \$25/D, \$50	D, \$500 per day**	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Separate	Separate
Gold	BlueChoice Advantage Gold 3000 (SUM5246)	\$3,000/\$6,000 ²	\$7,000/\$14,000	\$6,000/\$12,000	\$14,000/\$28,000	\$15/\$30	D, \$200 per admission	\$250*	\$10/\$40/\$70/\$100/\$150	Non-Integrated	HRA	Separate	Separate
Silver	BlueChoice Advantage Silver 4000 (SUM5247)	\$4,000/\$8,000 ²	\$8,150/\$16,300	\$8,000/\$16,000	\$16,300/\$32,600	\$25/\$50	D, \$500 per day**	\$400*	\$15/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated	HRA	Separate	Separate
Silver	BlueChoice Advantage Silver 5000 (SUM5248)	\$5,000/\$10,000 ²	\$8,300/\$16,600	\$10,000/\$20,000	\$16,600/\$33,200	\$0/\$50	D, \$500 per admission	\$450*	\$10/\$40/\$70/\$100/\$150	Non-Integrated	HRA	Separate	Separate
Bronze (New!)	BlueChoice Advantage Value Bronze 6000 (SUM5249)	\$6,000/\$12,000 ³	\$8,300/\$16,600	\$12,000/\$24,000	\$16,600/\$33,200	\$40/D, \$50	D, 40% coinsurance	Integrated	\$20/\$50/\$70/\$100/\$150	Integrated		Separate	Separate
Bronze	BlueChoice Advantage HSA/HRA Bronze 6100* (SUM5257)	\$6,100/\$12,200	\$6,900/\$13,800	\$12,200/\$24,400	\$13,800/\$27,600	D, \$50/D, \$100	D, \$500 per admission	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Separate	Separate

* Indicates cost-share change

* Previously BlueChoice Advantage HSA/HRA Bronze 6000

² The following services are not subject to the deductible: PCP, specialist, convenience care, urgent care, generic drugs, and freestanding lab/x-ray services.

³ The following services are not subject to the deductible: PCP, convenience care, urgent care

* Does not apply to generics

** 5 day maximum

*** 3 day maximum

BlueChoice Plus, BlueChoice Plus Opt-Out and BlueChoice Advantage

Small Group ACA products sold Off-Exchange



Notes:

- VA off-SHOP participation requirement: 60 percent of all eligibles.
- The minimum enrollment requirements do not apply to a small employer who submits an application between November 15 and December 15 of any calendar year. Otherwise, all other groups have to enroll and maintain the minimum enrollment requirements for medical coverage.
- In- and out-of-network (OON) deductible and out-of-pocket (OOP) maximums are separate and do not contribute to each other.
- Depending on the plan, deductibles may apply before the copay is active.
- All HSA/HRA plans sold off-SHOP may be offered as a BlueFund or Compatible plan with no difference in cost. BlueFund HSA and HRA plans integrate with our trustee and fund administrator. Compatible plans do not integrate with Further, the fund administrator offered by CareFirst.
- Any integrated plan included in the table with a deductible greater than or equal to \$1,400 is considered a qualified high deductible health plan (HDHP).
- Plans with a deductible greater than or equal to \$1,000 can be offered as a BlueFund or Compatible HRA.
- BlueChoice Plus plans offer in-network coverage through the BlueChoice network and out-of-network coverage through the CareFirst Preferred Provider Organization (PPO) network and non-participating providers. These BlueChoice Plus plans have protection from balance billing when using out-of-network PPO/Par networks.
- Reminder: To enroll in HMO, HMO Referral and Plus plans, members must live or work within the CareFirst service area of Maryland, Washington, DC or Northern Virginia.
- BlueChoice Advantage is a national Point of Service (POS) plan.
 - Members receiving care inside the CareFirst service area: In-network coverage is offered through the BlueChoice network. Out-of-network coverage will use the CareFirst Preferred Provider Organization (PPO) network and non-participating providers.
 - Members receiving care outside of the CareFirst service area: In-network coverage is offered through the CareFirst Preferred Provider Organization (PPO) network (under an interplan program). Access to non-participating providers will remain at the out-of-network level.
 - BlueChoice Advantage does not require the selection of a primary care provider (PCP). However, in order to earn their Blue Reward, members must select a PCP post-enrollment.

BluePreferred PPO

Small Group ACA Products Sold Off-SHOP



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
BluePreferred PPO													
Platinum	BluePreferred PPO 100%/80% SE (SUM5291)	\$0/\$0	\$3,700/\$7,400	\$2,600/\$5,200	\$7,400/\$14,800	\$20/\$30	\$250 per admission	\$0	\$10/20%/40%/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Aggregate	Aggregate
Platinum	BluePreferred PPO Platinum 0 (SUM5292)	\$0/\$0	\$1,600/\$3,200	\$1,500/\$3,000	\$3,200/\$6,400	\$10/\$20	\$200 per admission	\$0	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Platinum	BluePreferred PPO Platinum 500 (SUM5293)	\$500/\$1,000 ²	\$1,500/\$3,000	\$1,000/\$2,000	\$3,000/\$6,000	\$10/\$20	D, \$200 per admission	\$0	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Gold	BluePreferred PPO Gold 500 (SUM5294)	\$500/\$1,000 ²	\$7,900/\$15,800	\$1,000/\$2,000	\$15,800/\$31,600	\$15/\$30	D, \$400 per admission	\$250*	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Separate	Separate
Gold	BluePreferred PPO Gold 1000 (SUM5295)	\$1,000/\$2,000 ²	\$5,750/\$11,500	\$2,000/\$4,000	\$11,500/\$23,000	\$15/\$30	D, \$400 per admission	\$250*	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated	HRA	Separate	Separate
Silver	BluePreferred PPO Silver 1500 (SUM5299)	\$1,500/\$3,000 ¹	\$8,150/\$16,300	\$3,000/\$6,000	\$16,300/\$32,600	\$40/D, \$100	D, \$500 per day**	\$250*	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated	HRA	Aggregate	Separate
Gold	BluePreferred PPO 1000 90%/70% SE (SUM5296)	\$1,000/\$2,000	\$7,350/\$14,700	\$2,000/\$4,000	\$14,700/\$29,400	D, 10%	D, 10%	Integrated	\$15/20%/40%/50% up to \$100 max/50% up to \$150 max	Integrated	HRA	Aggregate	Separate
Gold	BluePreferred PPO Gold 1500 (SUM5298)	\$1,500/\$3,000 ²	\$5,100/\$10,200	\$3,000/\$6,000	\$10,200/\$20,400	\$15/\$30	D, \$400 per admission	\$250*	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated	HRA	Separate	Separate
Silver	BluePreferred PPO HSA/HRA Silver 1500 (SUM5300)	\$1,500/\$3,000	\$6,900/\$13,800	\$3,000/\$6,000	\$9,000/\$18,000	D, \$25/D, \$50	D, \$500 per admission	Integrated	\$15/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate

¹ Indicates cost-share change

^{*} Previously BluePreferred PPO HSA/HRA 2300 80%/60% SE

¹ The following services are not subject to the deductible: PCP, convenience care, urgent care, and generic drugs.

² The following services are not subject to the deductible: PCP, specialist, convenience care, urgent care, generic drugs, and freestanding lab/x-ray services.

* Does not apply to generics

** 5 day maximum

BluePreferred PPO

Small Group ACA Products Sold Off-SHOP



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
Silver	BluePreferred PPO HSA/HRA Silver 2000 (SUM501)	\$2,000/\$4,000	\$5,750/\$11,500	\$4,000/\$8,000	\$9,000/\$18,000	D, \$25/D, \$50	D, \$500 per day***	Integrated	\$10/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate
Silver	BluePreferred PPO HSA/HRA 2400 80%/60% SE* (SUM503)	\$2,400/\$4,800	\$6,900/\$13,800	\$4,800/\$9,600	\$13,800/\$27,600	D, 20%	D, 20%	Integrated	\$10/20%/40%/50% up to \$100 max/50% up to \$150 max	Integrated	HSA/HRA/HDHP	Aggregate	Separate

† Indicates cost-share change

* Previously BluePreferred PPO HSA/HRA 2300 80%/60% SE

*** 3 day maximum

Notes:

- VA off-SHOP participation requirement: 60 percent of all eligibles.
- The minimum enrollment requirements do not apply to a small employer who submits an application between November 15 and December 15 of any calendar year. Otherwise, all other groups have to enroll and maintain the minimum enrollment requirements for medical coverage.
- In- and out-of-network (OON) deductible and out-of-pocket (OOP) maximums are separate and do not contribute to each other.

- All HSA/HRA plans sold off-SHOP may be offered as a BlueFund or Compatible plan with no difference in cost. BlueFund HSA and HRA plans integrate with our trustee and fund administrator. Compatible plans do not integrate with Further, the fund administrator offered by CareFirst.
- Any integrated plan included in the table with a deductible greater than or equal to \$1,400 is considered a qualified high deductible health plan (HDHP).
- Plans with a deductible greater than or equal to \$1,000 can be offered as a BlueFund or Compatible HRA.

HealthyBlue

Small Group ACA Products Sold Off-SHOP



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
HealthyBlue Plus													
Platinum	HealthyBlue Plus Platinum 500 (SUM5306)	\$500/\$1,000 ²	\$1,500/\$3,000	\$1,000/\$2,000	\$3,000/\$6,000	\$0/\$30	D, \$500 per admission	\$0	\$0/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Aggregate	Aggregate
HealthyBlue Advantage													
Platinum	HealthyBlue Advantage Platinum 500 (SUM5305)	\$500/\$1,000 ²	\$1,500/\$3,000	\$1,000/\$2,000	\$3,000/\$6,000	\$0/\$30	D, \$500 per admission	\$0	\$0/\$45/\$65/50% up to \$100 max/50% up to \$150 max	Non-Integrated		Aggregate	Aggregate

² The following services are not subject to the deductible: PCP, specialist, convenience care, urgent care, generic drugs, and freestanding lab/X-ray services.

Notes:

- VA off-SHOP participation requirement: 60 percent of all eligibles.
- The minimum enrollment requirements do not apply to a small employer who submits an application between November 15 and December 15 of any calendar year. Otherwise, all other groups have to enroll and maintain the minimum enrollment requirements for medical coverage.
- In- and out-of-network (OON) deductible and out-of-pocket (OOP) maximums are separate and do not contribute to each other.
- All HSA/HRA plans sold off-SHOP may be offered as a BlueFund or Compatible plan with no difference in cost. BlueFund HSA and HRA plans integrate with our trustee and fund administrator. Compatible plans do not integrate with Further, the fund administrator offered by CareFirst.
- Any integrated plan included in the table with a deductible greater than or equal to \$1,400 is considered a qualified high deductible health plan (HDHP).
- Plans with a deductible greater than or equal to \$1,000 can be offered as a BlueFund or Compatible HRA.
- HealthyBlue Plus plans offer in-network coverage through the BlueChoice network and out-of-network coverage through the CareFirst Preferred Provider Organization (PPO) network and non-participating providers. HealthyBlue Plus plans have protection from balance billing when using out-of-network PPO/Par networks.
- Reminder: To enroll in HMO, HMO Referral and Plus plans, members must live or work within the CareFirst service area of Maryland, Washington, DC or Northern Virginia.
- HealthyBlue Advantage is a national Point of Service (POS) plan.
 - Members receiving care inside the CareFirst service area: In-network coverage is offered through the BlueChoice network. Out-of-network coverage will use the CareFirst Preferred Provider Organization (PPO) network and non-participating providers.
 - Members receiving care outside of the CareFirst service area: In-network coverage is offered through the CareFirst Preferred Provider Organization (PPO) network (under an interplan program). Access to non-participating providers will remain at the out-of-network level.

New Coinsurance Plans

Small Group ACA Products Sold Off-SHOP



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Coinsurance	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
BlueChoice HMO														
Bronze	BlueChoice HMO HSA/HRA Bronze 6500 90* (SUM5277)	\$6,500/\$13,000 ^{3,5}	\$6,900/\$13,800	N/A	N/A	10%	D, 10%	D, 10%	Integrated	\$10/\$45/\$65/\$100/\$150	Integrated	HSA/HRA/HDHP	Separate	Separate
Silver	BlueChoice HMO HSA/HRA Silver 2100 70* (SUM5271)	\$2,100/\$4,200 ^{3,4}	\$6,900/\$13,800	N/A	N/A	30%	D, 30%	D, 30%	Integrated	\$10/\$45/\$65/\$100/\$150	Integrated	HSA/HRA/HDHP	Aggregate	Separate
Silver	BlueChoice HMO HSA/HRA Silver 3000 70 (SUM5275)	\$3,000/\$6,000 ^{3,6}	\$6,000/\$12,000	N/A	N/A	30%	D, \$25/D, \$50	D, 30%	Integrated	\$10/\$45/\$65/\$100/\$150	Integrated	HSA/HRA/HDHP	Separate	Separate
Gold	BlueChoice HMO HSA/HRA Gold 1500 90 (SUM5268)	\$1,500/\$3,000 ^{3,6}	\$6,750/\$13,500	N/A	N/A	10%	D, \$10/D, \$20	D, 10%	Integrated	\$10/\$45/\$65/\$100/\$150	Integrated	HSA/HRA/HDHP	Aggregate	Separate
BlueChoice Advantage														
Silver	BlueChoice Advantage HSA/HRA Silver 2100 70* (SUM5254)	\$2,100/\$4,200 ^{3,4}	\$6,900/\$13,800	\$4,200/\$8,400	\$13,500/\$27,000	30%	D, 30%	D, 30%	Integrated	\$10/\$45/\$65/\$100/\$150	Integrated	HSA/HRA/HDHP	Aggregate	Separate
Silver	BlueChoice Advantage HSA/HRA Silver 3000 70 (SUM5275)	\$3,000/\$6,000 ^{3,6}	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	30%	D, \$25/D, \$50	D, 30%	Integrated	\$10/\$45/\$65/\$100/\$150	Integrated	HSA/HRA/HDHP	Separate	Separate

* Previously BlueChoice HMO HSA/HRA Bronze 6000 90, BlueChoice HMO HSA/HRA Silver 2000 70, BlueChoice Advantage HSA/HRA Silver 2000 70, BluePreferred PPO HSA/HRA Silver 2000 70

³ All preventive services and preventive drugs are not subject to the deductible. All other services are subject to the deductible, and then coinsurance/copay.

⁴ This is a full coinsurance plan, with benefits subject to coinsurance after the deductible (with exception to Rx, which is copay based). Please see benefit summary for full list of benefits and cost-shares.

⁵ This is a hybrid coinsurance plan, with most benefits subject to coinsurance after the deductible (with exception to Rx, sleep studies, and infusion therapy which are copay based). Please see benefit summary for full list of benefits and cost-shares.

⁶ This plan includes a mixture of benefits subject to coinsurance and copays after the deductible. Please see benefit summary for a full list of benefits and cost-shares.

New Coinsurance Plans

Small Group ACA Products Sold Off-SHOP

These plans are available for new and renewing groups starting January 1, 2020



Metal Level	Plan Name	Deductible (IN) Ind/Fam	Out-of-Pocket Max (IN) Ind/Fam	Deductible (OON) Ind/Fam	Out-of-Pocket Max (OON) Ind/Fam	Coinsurance	Copay PCP/Specialist (IN)	Inpatient Hospital	Rx Deductible Per Member	Rx Plan T1/T2/T3/T4/T5	Medical/Rx Integration Status	Plan Type	Separate or Aggregate Deductible	Separate or Aggregate OOP Max
Gold	BlueChoice Advantage HSA/HRA Gold 1500 90 (SUM5251)	\$1,500/\$3,000 ^{3,6}	\$6,750/\$13,500	\$3,000/\$6,000	\$13,500/\$27,000	10%	D, \$10/D, \$20	D, 10%	Integrated	\$10/\$45/\$65/\$100/\$150	Integrated	HSA/HRA/HDHP	Aggregate	Separate
BluePreferred PPO														
Silver	BluePreferred PPO HSA/HRA Silver 2100 70* (SUM5302)	\$2,100/\$4,200 ^{3,4}	\$6,900/\$13,800	\$4,200/\$8,400	\$13,500/\$27,000	30%	D, 30%	D, 30%	Integrated	\$10/\$45/\$65/\$100/\$150	Integrated	HSA/HRA/HDHP	Aggregate	Separate

* Previously BlueChoice HMO HSA/HRA Bronze 6000 90, BlueChoice HMO HSA/HRA Silver 2000 70, BlueChoice Advantage HSA/HRA Silver 2000 70, BluePreferred PPO HSA/HRA Silver 2000 70

³ All preventive services and preventive drugs are not subject to the deductible. All other services are subject to the deductible, and then coinsurance/copay.

⁴ This is a full coinsurance plan, with benefits subject to coinsurance after the deductible (with exception to Rx, which is copay based). Please see benefit summary for full list of benefits and cost-shares.

⁵ This is a hybrid coinsurance plan, with most benefits subject to coinsurance after the deductible (with exception to Rx, sleep studies, and infusion therapy which are copay based). Please see benefit summary for full list of benefits and cost-shares.

⁶ This plan includes a mixture of benefits subject to coinsurance and copays after the deductible. Please see benefit summary for a full list of benefits and cost-shares.

Notes:

- VA off-SHOP participation requirement: 60 percent of all eligibles.
- The minimum enrollment requirements do not apply to a small employer who submits an application between November 15 and December 15 of any calendar year. Otherwise, all other groups have to enroll and maintain the minimum enrollment requirements for medical coverage.
- In- and out-of-network (OON) deductible and out-of-pocket (OOP) maximums are separate and do not contribute to each other.
- All HSA/HRA plans sold off-SHOP may be offered as a BlueFund or Compatible plan with no difference in cost. BlueFund HSA and HRA plans integrate with our trustee and fund administrator. Compatible plans do not integrate with Further, the fund administrator offered by CareFirst.
- Any integrated plan included in the table with a deductible greater than or equal to \$1,400 is considered a qualified high deductible health plan (HDHP).
- Plans with a deductible greater than or equal to \$1,000 can be offered as a BlueFund or Compatible HRA.

- BlueChoice Advantage is a national Point of Service (POS) plan.
 - Members receiving care inside the CareFirst service area: In-network coverage is offered through the BlueChoice network. Out-of-network coverage will use the CareFirst Preferred Provider Organization (PPO) network and non-participating providers.
 - Members receiving care outside of the CareFirst service area: In-network coverage is offered through the CareFirst Preferred Provider Organization (PPO) network (under an interplan program). Access to non-participating providers will remain at the out-of-network level.
 - BlueChoice Advantage does not require the selection of a primary care provider (PCP). However, in order to earn their Blue Reward, members must select a PCP post-enrollment.
- Reminder: To enroll in HMO, HMO Referral and Plus plans, members must live or work within the CareFirst service area of Maryland, Washington, DC or Northern Virginia.

Dental Notes

Dental Business Rules

General

- Employer-sponsored and voluntary plans may not be sold together.
- The six different product types are: Traditional, Preferred, BlueDental Plus, BlueDental EPO, BlueDental Basic and BlueDHMO.
- BlueDental EPO and BlueDHMO cannot be sold together.
- Groups offering one medical plan can offer a BlueDHMO or BlueDental EPO product combined with either a Traditional, Preferred, BlueDental Plus or BlueDental Basic plan. Enrollment in these products is combined to meet the total participation requirement of 75 percent for employer-sponsored. BlueDHMO requires that a minimum of two eligible employees enroll. There are no additional participation requirements for BlueDHMO.
- Groups offering two or three medical plans can offer up to two dental plans. The two dental plans must be selected from different product types.
Exception: Any two employer-sponsored BlueDental Plus plans may be sold together. Enrollment in these products is combined to meet the total participation requirement of 75 percent for employer-sponsored. BlueDHMO requires that a minimum of two eligible employees enroll. There are no additional participation requirements for BlueDHMO.

Freestanding

- All freestanding Traditional, Preferred, BlueDental Plus, BlueDental EPO and BlueDental Basic plans can be offered on either a calendar or contract year basis.
- Groups may offer up to two dental plans as long as one plan is BlueDHMO or BlueDental EPO.
- As of 5/1/19, freestanding employer-sponsored dental now requires only one eligible employee enrolled, meeting 75 percent participation.
Exception: the one enrolled cannot be Medicare-eligible.
- As of 5/1/19, freestanding voluntary dental now requires only one eligible employee enrolled, meeting the lesser of 10 or 35 percent participation.
Exception: the one enrolled cannot be Medicare-eligible.
- Freestanding BlueDHMO still requires that a minimum of two eligible employees enroll. There are no additional participation requirements for BlueDHMO.

Waiting Periods

- No individual waiting periods for employer-sponsored.
- Group level waiting periods for voluntary plans are waived with 12 months of immediate prior group coverage. (Does not apply to BlueDHMO, as there are no waiting periods.)
- The 12-month benefit waiting period waiver form, "Proof of Prior Group Dental Coverage for Voluntary Dental," is located on the broker portal under Miscellaneous Forms.

Dental Notes

Deductible Credit

- Not applicable to DHMO and ACA dental plans (BlueDental Traditional and BlueDental Preferred).
- If a member was covered on the day immediately preceding the effective date of the CareFirst dental contract Evidence of Coverage under any other group agreement issued to the group, then charges for covered dental services (as defined) incurred by that member and applicable toward the individual or family deductible under the prior agreement, shall be used to satisfy all or any portion of the individual or family deductible amounts under the CareFirst dental contract Evidence of Coverage. This deductible credit provision applies only to the deductible amount wholly or partially satisfied in the first benefit period in which the change in group health plans occurs.

Carry-Over Deductible

- Not applicable to DHMO and ACA dental plans (BlueDental Traditional and BlueDental Preferred).
- Covered dental services incurred in the last three (3) months of the benefit period which were applied to such benefit period's deductible will be applied to the next benefit period's deductible.

Summary of Key Features—BlueDental Plus/BlueDental Basic/BlueDental EPO/Preferred/Traditional

- No missing teeth exclusions or limitations for pre-existing conditions (BlueDental Plus/BlueDental Basic/BlueDental EPO/Preferred/Traditional).
- Composite fillings are covered on all teeth (BlueDental Plus/BlueDental Basic/BlueDental EPO/Preferred/Traditional).
- Orthodontics lifetime maximum calculated on only CareFirst paid dollars. We do not reduce benefit based on payments by another carrier (BlueDental Plus/BlueDental EPO/Preferred/Traditional). The orthodontic benefit will be prorated for treatment already in progress.
- Deductible and annual maximum are combined in & out-of-network (BlueDental Plus/BlueDental Basic).
- Preventive & Diagnostic services do not count toward annual maximum (BlueDental Plus/BlueDental Basic/BlueDental EPO).
- Orthodontics, if purchased, is included for ALL ages (BlueDental Plus/BlueDental EPO).
- No freestanding load applies to either employer-sponsored or voluntary (BlueDental Plus/BlueDental Basic/BlueDental EPO/Preferred/Traditional).
- Voluntary load applies to freestanding (BlueDental Plus/BlueDental EPO/Preferred/Traditional).
- Optional 90 fee schedule available for out-of-network reimbursement (BlueDental Plus - employer-sponsored only).

Dental Notes

Summary of Key Features—BlueDHMO

- BlueDHMO products are a capitated model with a fixed member copay for each covered service.
- No deductibles or pre-existing waiting periods—applies to both employer-sponsored and voluntary plans.
- No voluntary load.
- Minimum of two (2) MUST enroll in freestanding employer-sponsored or voluntary plans; however, no participation requirement.
- Employer-sponsored BlueDHMO plans offered as a second plan offering next to medical and another CareFirst dental are subject to a combined 75 percent participation.
- DHMO plans require members to select a primary care provider (dentist); specialty care is by referral.
- DHMO products are in-network regional plans only—no out-of-network or national access (all other non-DHMO CareFirst dental products automatically include national access).
- Network is available under *Find a Doctor* on carefirst.com.
- Our DHMO plans tend to include more services covered at 100 percent (after any applicable office visit fee) than most carriers.

Traditional/Preferred versus BlueDental Plus

- Preventive/Diagnostic: Does not apply to the annual max under BlueDental Plus; it does under Traditional/Preferred.
- Ortho: With BlueDental Plus, there is no age limit (adults have coverage) and the ortho max is \$1,500. Under Traditional/Preferred, ortho is only available up to age 19 and the ortho max is \$1,200.
- BlueDental Plus includes both the Traditional and Preferred networks as in-network; Traditional/Preferred are separate.
- Higher annual maximum available under BlueDental Plus (up to \$2,000).
- 90 fee schedule out-of-network reimbursement is available on BlueDental Plus employer-sponsored plans; not available on Traditional/Preferred.
- Traditional deductible is \$50/\$150; BlueDental Plus in-network deductible is \$25/\$75.
- Traditional/Preferred dental plans (2-50) do not include a freestanding load in 2017; however, a voluntary load is applied.
- BlueDental Plus plans do not include a freestanding load; however, a voluntary load is applied.
- Preferred: In- and out-of-network deductibles are separate; BlueDental Plus/BlueDental Basic: deductibles cross accumulate in- and out-of-network.

New! BlueDental EPO Plan Highlights

- Uses the same network as our BlueDental products (national network of PAR and PPO providers). No out-of-network benefits.
- More network providers in MD, DC and Northern VA than other carriers' EPO products.
- Plan design features predictable, affordable copays for dental procedures.
- Includes a \$25/\$75 deductible and \$2,000 annual max. Optional orthodontic coverage (no age limit) includes a \$2,000 lifetime max.
- Many preventive care services like cleanings and x-rays are covered at no cost without a deductible.
- Preventive & diagnostic services do not count toward the annual max.
- No referrals or primary care provider selection.

Dental & Vision Participation Requirements

CareFirst Small Group Vision Participation Requirement

Traditional/Preferred/BlueDental Plus/ BlueDental EPO/BlueDental Basic Employer-sponsored Dental ¹		Traditional/Preferred/BlueDental Plus/ BlueDental EPO/ Voluntary Dental ²	
With Medical	Freestanding	With Medical	Freestanding
75 percent participation		The lesser of 10 employees or 35 percent of eligible employees enroll in the plan	
BlueDHMO Employer-sponsored ¹		BlueDHMO Voluntary ²	
<ul style="list-style-type: none"> ■ Minimum of 2 must enroll; however, no participation on freestanding basis. ■ If offered with Traditional/Preferred/BlueDental Plus/BlueDental Basic, enrollment is combined to meet the total participation requirement of 75 percent. 		<ul style="list-style-type: none"> ■ Minimum of 2 must enroll; however, no participation on freestanding basis. ■ If combined with Traditional/Preferred/BlueDental Plus/BlueDental Basic, enrollment is combined to meet the total voluntary requirement. 	

¹ Employer-sponsored requires an employer contribution of at least 50 percent of the individual premium.

² Voluntary is an employer contribution less than 50 percent or 100 percent employee paid premium.

CareFirst Small Group Vision Participation Requirement

BlueVision Plus Employer-sponsored Vision ¹		BlueVision Plus Voluntary Vision ²	
With Medical	Freestanding	With Medical	Freestanding
75 percent participation		No minimum participation requirements	

¹ Employer-sponsored requires an employer contribution of at least 50 percent of the individual premium.

² Voluntary is an employer contribution less than 50 percent or 100 percent employee paid premium.

Note: For groups effective 5/1/19 and after, Freestanding Dental & Vision products (Employer-sponsored or Voluntary) now require only one eligible to enroll, meeting the required participation. Exception: the one enrolled cannot be Medicare-eligible. Freestanding BlueDHMO products still require a minimum of two to enroll.

Vision Notes

Overview

- Professional vision services including routine eye examinations, eyeglasses and contact lenses are offered by CareFirst BlueCross BlueShield and CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.
- There are currently eight vision plan options available. BlueVision Plus Options A-D offers higher allowances than BlueVision Plus Options 1-4.

BlueVision Plus Options 1-4 versus BlueVision Plus Options A-D

- BlueVision Plus Options A-D were designed to make it easier for members to determine their out-of-pocket costs.
- Options A-D have higher plan allowances for certain vision services than Options 1-4.
- Options A-D have a separate benefit for the contact lens evaluation and fitting; Options 1-4 do not include this benefit.
- Options 1-4 can only be sold as employer-sponsored.
- Options A-D can be sold as employer-sponsored or voluntary.

Business Rules

- Only one vision plan may be offered, regardless of the number of medical plans offered.
- Employer-sponsored and voluntary plans are available for Options A-D.
- Effective 7/1/20 with new/renewing business, freestanding vision plans are no longer subject to a rate load.
- Vision products must follow the same parallel/non-parallel indicator as dental. Groups cannot have parallel BlueVision Plus and non-parallel dental.
- **Employer-sponsored:** Requires an employer contribution of at least 50 percent of individual premium.
 - 75 percent participation when sold with medical or freestanding.
 - As of 5/1/19, Freestanding requires that only one employee be employed full-time and enrolled under the group's coverage at all times meeting the 75% participation requirement. Exception: the one enrolled cannot be Medicare-eligible.
- **Voluntary:** When the employer's contribution is less than 50 percent of premium cost of individual coverage, or when the participants in the group agree to pay the entire premium for the coverage to the group.
 - No participation requirement when sold with medical or freestanding.
 - As of 5/1/19, Freestanding requires that only one employee be employed full-time and enrolled under the group's coverage at all times, no minimum participation requirement. Exception: the one enrolled cannot be Medicare-eligible.

* CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. contract with Davis Vision, Inc. to offer an extensive national network of optometrists, ophthalmologists and opticians. Davis Vision, Inc. is an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members. Davis Vision, Inc. is solely responsible for the services it provides.

Summary of Key Features—BlueVision Plus

- National network of independent providers and major retailers, including Visionworks, Walmart and Target
- Reduced out-of-pocket costs - including \$0 copays for more than 220 frames and select contact lens brands
- Additional discounts on upgraded lens options and coatings, laser vision correction, hearing aids and more**

** These discounts are not an insurance product. As of April 1, 2014, some providers in Maryland and Virginia may no longer provide these discounts.

Specialty Products—BlueDental Plus



Plan*	Standard Deductible (Does not apply to Preventive & Diagnostic and Orthodontic Services)	Standard Maximum (Does not apply to Preventive & Diagnostic and Orthodontic Services)	Preferred and Participating Network (Preventive & Diagnostic/Basic/Major Restorative)	Out-of-Network (Preventive & Diagnostic/Basic/Major Restorative)	PDF Summary		
					Ortho	No Ortho	
Employer-sponsored, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime max),¹ PPO or 90 fee schedule							
Plan 1	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50	100/80/50	SUM2628	SUM2616
Plan 2	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50	80/60/35	SUM2629	SUM2617
Plan 3	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50	100/80/50	SUM2630	SUM2618
Plan 4	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50	80/60/35	SUM2631	SUM2619
Plan 5	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/50	100/80/50	SUM2632	SUM2620
Plan 6	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/50	80/60/35	SUM2633	SUM2621
Plan 7	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/50	100/80/50	SUM2634	SUM2622
Plan 8	In: \$25/\$75	Out: \$50/\$150	\$2,000	100/80/50	80/60/35	SUM2635	SUM2623
Voluntary, sold with and without orthodontics, no age limit (\$1,500 orthodontic lifetime max),¹ PPO fee schedule only							
12 month benefit waiting period applies to all services except for Preventive & Diagnostic/Basic if group did not have 12 months dental coverage with another carrier. Participation requirements for small group apply (lesser of 10 employees or 35% of eligibles).							
Plan 1	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50	100/80/50	SUM2646	SUM2640
Plan 2	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50	80/60/35	SUM2647	SUM2641
Plan 3	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50	100/80/50	SUM2648	SUM2642
Plan 4	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/50	80/60/35	SUM2649	SUM2643

* CareFirst gives you the flexibility to select Major Surgical Services at either the Basic Services or Major Restorative Services benefit level. Major Surgical Services include surgical periodontics, endodontics, and complex oral surgery. Plans 1, 2, 5, and 6: Major Surgical Services have the same coinsurance as Basic Services. Plans 3, 4, 7, and 8: Major Surgical Services have the same coinsurance as Major Restorative Services.

Specialty Products—BlueDental Basic

Plan	Standard Deductible (Does not apply to Preventive & Diagnostic Services)	Standard Maximum (Does not apply to Preventive & Diagnostic Services)	Preferred and Participating Network (Preventive & Diagnostic/Basic/Major Restorative)	Out-of-Network (Preventive & Diagnostic/Basic/Major Restorative)	PDF Summary	
Employer-sponsored, provides coverage for Preventive & Diagnostic and Basic Services only,¹ PPO fee schedule only						
Plan 1	In: \$25/\$75	Out: \$50/\$150	\$1,000	100/80/0	80/60/0	SUM2579

¹ BlueDental Plus/BlueDental Basic/BlueDental EPO: All products have deductible credit and deductible carryover as a CORE benefit; No freestanding load for 2-50 groups.

Employer-sponsored requires an employer contribution of at least 50% of Individual premium. Voluntary is an employer contribution less than 50 percent or 100 percent employee paid premium.

Specialty Products—Preferred and Traditional Dental



Plan	Standard Deductible (applies to classes 2, 3 & 4)	Standard Maximum	In-Network (Preventive & Diagnostic/Basic/ Major Surgical/Major Restorative)	Out-of-Network (Preventive & Diagnostic/Basic/ Major Surgical/Major Restorative)	PDF Summary
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Preferred (PPO) Dental—sold with and without orthodontics (\$1,200 benefit)¹

Plan 1	In: \$25/\$75	Out: \$50/\$150	\$1,000	80/50/50/50	60/35/35/35	BRC6320
Plan 2	In: \$25/\$75	Out: \$50/\$150	\$1,000	100/80/50/50	80/60/35/35	BRC6321
Plan 3	In: \$25/\$75	Out: \$50/\$150	\$1,000	100/80/80/50	80/60/60/35	BRC6322
Plan 4	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/80/50	80/60/60/35	BRC6323

Voluntary Preferred (PPO) Dental—sold with and without orthodontics (\$1,200 benefit)¹

*12 month benefit waiting period applies to all services except for Preventive & Diagnostic/Basic if group did not have 12 months prior dental coverage with another carrier.
Participation requirements for small group apply (lesser of 10 employees or 35% of eligibles).*

Plan 1	In: \$25/\$75	Out: \$50/\$150	\$1,000	80/50/50/50	60/35/35/35	SUM1697
Plan 2	In: \$25/\$75	Out: \$50/\$150	\$1,000	100/80/50/50	80/60/35/35	SUM1698
Plan 3	In: \$25/\$75	Out: \$50/\$150	\$1,000	100/80/80/50	80/60/60/35	SUM1699
Plan 4	In: \$25/\$75	Out: \$50/\$150	\$1,500	100/80/80/50	80/60/60/35	SUM1700

Plan	Standard Deductible (applies to classes 2, 3 & 4)	Standard Maximum	In-Network and Out-of-Network (Preventive & Diagnostic/Basic/Major Surgical/Major Restorative)	PDF Summary
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Traditional Dental—sold with and without orthodontics (\$1,200 benefit)¹

Plan 1	\$50/\$150	\$1,000	80/50/50/50	BRC6302
Plan 2	\$50/\$150	\$1,000	100/80/50/50	BRC6303
Plan 3	\$50/\$150	\$1,000	100/80/80/50	BRC6304
Plan 4	\$50/\$150	\$1,500	100/80/80/50	BRC6305

Voluntary Traditional Dental—sold with and without orthodontics (\$1,200 benefit)¹

*12 month benefit waiting period applies to all services except for Preventive & Diagnostic/Basic if group did not have 12 months prior dental coverage with another carrier.
Participation requirements for small group apply (lesser of 10 employees or 35% of eligibles).*

Plan 1	\$50/\$150	\$1,000	80/50/50/50	SUM1705
Plan 2	\$50/\$150	\$1,000	100/80/50/50	SUM1706
Plan 3	\$50/\$150	\$1,000	100/80/80/50	SUM1707
Plan 4	\$50/\$150	\$1,500	100/80/80/50	SUM1708

Employer-sponsored requires an employer contribution of at least 50% of Individual premium. Voluntary is an employer contribution less than 50 percent or 100 percent employee paid premium.

¹ Preferred/Traditional: All products have deductible credit and deductible carry over as a CORE benefit. No freestanding load for 2-50 groups.

Specialty Products—BlueDental EPO



Plan	Standard Deductible (Does not apply to Preventive & Diagnostic Services)	Standard Maximum (Does not apply to Preventive & Diagnostic Services and Orthodontic Services)	Preferred and Participating Network	Out-of-Network	PDF Summary					
					Ortho	No Ortho				
Employer-sponsored or Voluntary, sold with or without orthodontics, no age limit (\$2,000 orthodontic lifetime max)										
For Voluntary plans, if a group did not have 12 months prior coverage with another carrier, a 12-month benefit waiting period applies to all services except for Preventive & Diagnostic and Basic. Participation requirements for small group apply (less of 10 employees or 35% of eligible).										
BlueDental EPO	\$25/\$75	\$2,000	Copays per service	No coverage	SUM4700	SUM4701				

Specialty Products—BlueDHMO and Dental HMO

Plan	Features	PDF Summary
Freestanding BlueDHMO (available with any medical product or can be sold as freestanding)¹		
BlueDHMO \$0	Basic dental services \$0 per office visit	SUM3154
BlueDHMO \$10	Basic dental services \$10 per office visit	SUM3155

¹ BlueDental Plus/BlueDental Basic/BlueDental EPO: All products have deductible credit and deductible carryover as a CORE benefit; No freestanding load for 2-50 groups.

Employer-sponsored requires an employer contribution of at least 50% of Individual premium. Voluntary is an employer contribution less than 50 percent or 100 percent employee paid premium.

Specialty Products—Vision

Plan	Features	PDF Summary
BlueVision Plus (employer-sponsored)		
Option 1	\$0 exam copay / 12 month benefit period	BR6424
Option 2	\$0 exam copay / 24 month benefit period	BR6425
Option 3	\$10 exam copay / 12 month benefit period	BR6426
Option 4	\$10 exam copay / 24 month benefit period	BR6427
BlueVision Plus—increased allowances (employer-sponsored and voluntary)		
Option A	\$0 exam copay / 12/12/24 month benefit period	SUM1674
Option B	\$10 exam copay / 12/12/24 month benefit period	SUM1723
Option C	\$0 exam copay / 12 month benefit period	SUM1724
Option D	\$10 exam copay / 12 month benefit period	SUM1725

Glossary

Aggregate/unstacked

The family deductible must be met before any member starts receiving benefits. The deductible may be met by one member or any combination of members.

The family out-of-pocket maximum must be met before any member's services will be covered at 100% up to the allowed benefit. The out-of-pocket maximum may be met by one member or any combination of members.

Coinsurance

The percentage or amount patients are required to pay through their insurance plan for reasonable medical expenses after a deductible has been satisfied.

Copayment

The dollar amount a patient pays when services are received. A visit to a primary care physician might require a copayment of \$10, a visit to a specialist \$20, and a prescription \$20.

Deductible

The dollar amount of covered services based on the allowed benefit that must be paid by an individual or family per benefit period before the insurance company (CareFirst) begins to pay its portion of the claims.

Drug tier

Drugs on a formulary are typically grouped into tiers. The tier that your medications are in determines your portion of the drug cost.

Generic drugs

Work the same as brand-name drugs, but cost much less.

Health Maintenance Organization (HMO)

A health benefits program that usually has the lowest out-of-pocket costs. HMOs require that the member select a primary care physician, generally a family practitioner, internist or pediatrician, who is part of the plan's network.

In-network

Refers to the use of providers who participate in the health plan's provider network. Many benefit plans encourage members to use participating in-network providers to reduce out-of-pocket expenses.

Non-preferred brand drugs

Often available in less-expensive forms, either as generic or preferred brand drugs. Members will pay more for drugs in this tier.

Non-preferred specialty drugs

Generally have a more cost-effective preferred generic or preferred specialty drug alternative available.

Oral chemotherapy drugs and medication assisted treatment drugs

Available at a zero-dollar cost share. *Exception: HSA/HRA (Int.) plans.

Out-of-Network (OON)

The use of health care providers who have not contracted with the health plan to provide services. HMO members are generally not covered for out-of-network services except in emergency situations. Members enrolled in Preferred Provider Organization (PPO) and Point-of-Service (POS) plans can go out-of-network, but will pay higher out-of-pocket costs.

Out-of-Pocket Maximum (OOP)

The maximum dollar amount a member will pay out-of-pocket for coinsurance, copayments and/or deductibles in a plan year for eligible medical expenses.

Patient-Centered Medical Home (PCMH)

An approach to providing comprehensive primary care that facilitates partnership between individual patients, and their personal providers, and when appropriate, the patient's family.

Point-of-Service (POS)

These plans include in-network (HMO) and out-of-network (PPO or traditional major medical) options that enable members to select which network and level of benefits they want to utilize at the time services are required.

Preferred brand drugs

Brand-name medications may have a generic equivalent.

Preferred specialty drugs

Consist of both generic and brand-name specialty drugs, that are used to treat chronic, complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.

Preferred Provider Organization (PPO)

An agreement between a medical provider and a health care carrier for the delivery of services to a specific member population using discounted fees for cost savings. This relates to only a fee arrangement, and does not imply that any provider is more or less qualified than another.

Preventive drugs

(e.g., statins, aspirin, folic acid, iron supplements, smoking cessation products and FDA-approved contraceptives for women) Available at a zero-dollar cost share if prescribed under certain medical criteria by the doctor.

Preventive services

Care rendered by a physician to promote health and prevent future health problems for a member who does not exhibit any symptoms. Examples are routine physical examinations and immunizations.

Self-administered drugs

An injectable drug that a member administers to himself or herself. Self-administered injectable drugs exclude insulin. Insulin is covered at the generic, preferred brand or non-preferred brand drug tier.

Separate/stacked

When one family member meets the individual deductible, they can start receiving benefits. Each family member cannot contribute more than the individual deductible. The family deductible must be met before any remaining family members can start receiving benefits.

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

For distribution to Brokers/General Producers/Full-Service Producers only. This reference tool is a summary for comparison purposes only and does not create rights not given through the benefit plan.



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Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

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

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

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

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

Foreign Language Assistance

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

አማርኛ (Amharic) ማስታበቃቂያ:- ይህ ማስታበቃቂያ ስለ መደብን ሰራተኞቸው መረጃ ይሆል፡፡ ከተወሰነት ቁነ-ገዢበት በፈት ለፈጸምናቸው የሚገበው ነገሮች ለተና ለማቻቸው እና የለምንም ከፍይ በቋንቃቸው እና የማግኘት መብት አለዋቸው፡፡ አባል ከሆነ ከመታወቂያ ከርድዋ በስተኞችርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይቻላለ፡፡ አባል ከሆነ ደንገም መደ ለሳለ ቁጥር 855-258-6518 ደመለው ባን አንዳጂኑ አስተካርድ ይረዳ የሚገኘውን መጠበቅ አለበታል፡፡ አንድ ወከል መልስ ለስተዋዊ፣ የሚፈልጉትን ቁንቃቸው የአመልካቸው፣ ከዘመና ከተጠሪዎች የሚፈልጉትን ቁንቃቸው፡፡

Èdè Yorùbá (Yoruba) Ìtétíléko: Àkíyèsí yíí ní ìwífún nípa isé adójútòfò re. Ó le ní àwọn déètì pàtò o sì le ní láti gbé ìgbésè ní àwọn ojó gbèdèke kan. O ni ètò láti gba ìwífún yíí àti ìrànlówó ní èdè re lófèé. Àwọn ọmọ-egbè gbódò pe nóm̄bà fóònù tó wà léyìn káàdì ìdánímò wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tití a ó fi sọ fún o láti tẹ 0. Nígbàtí aṣoju kan bá dáhùn, sọ èdè tí o fé a ó sì so ó pò mó ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đàm thoại cho đến khi được nhắc nhở nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Băsăjă-wùqù (Bassa) Tò Đùă Cáo! Bă nă ke bă nyă bă kă m gbo kpă bă nă fă-ă-fă-tăă nyee jă dyi. Bă nă ke bă dă wé jéé bă bă mă kă dă wa mă mă kă nyuee nyu hwă bă wé bă kă zi. C mă nă kpă bă mă kă bă nă ke kă gbo-kpă-kpă mă mă dyé dă nă bădă-wùqù mă bă mă kă se wădă dă păă. Kpooă nyă bă mă dă fă-ă-năbă nă kă dă waă I.D. kădă dă nyă. Nyă tăă séin mă dă năbă nă ke: 855-258-6518, kă mă mă fă tee bă kăe mă gbo că bă mă kă năbă mă 0 kăe dyi păădăin hwă. C jă kă nyă dă dyi mă gă jăă, po wădă mă mă poe dyi, kă nyă dă mu bă năn bă c kă nă wădă mă ză.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশ আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাসীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: بہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں بو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی بیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبائے کو کہے جانے تک انتظار کریں۔ ایجنت کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجہ: این اعلامیه حاوی اطلاعاتی دربارہ پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان موردنیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطية التأمينية، وقد يحتوي على تاريخ مهم، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهاية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكالفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في بطاقةتعريف الهوية الخاصة بهم. يمكن للأخرين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrụbama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike ịnwe ụbọchị ndị di mkpa, i nwere ike ịme ihe tupu ụfodụ ụbọchị njedebe. I nwere ikike ịnweta ozi na enyemaka a n'asusu gi na akwụghị ụgwọ o bụla. Ndị otu kwesiri ikpo akara ekwenti di n'azụ nke kaadi njirimara ha. Ndị ọzọ niile nwere ike ikpo 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i chọrọ, a ga-ejikọ gi na onye ọkọwa okwu.

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

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

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

Diné Bizaad (Navajo) Ge': Díí bee ił hane'ígíí bii' dahólóo bee éédaħózín béeso ách'áqáh naanil ník'ist'i'ígíí bá. Bii' dahólóo doo íiyisíí yoolkáálígíí dóó t'áadoo le'é ádadoolyíílígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitl'izgo bee nee hóđolzinígíí bikéédéé' bikáá' bich'i' hodoonihjí'. Aadóó náánála' éí kojí' dahóđoolnih 855-258-6518 dóó yii diiłts'ííl yałtí'ígíí t'áá nílémíjí áádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitqáago, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.