



CareFirst BlueChoice, Inc.

BlueChoice HMO

Your Member Handbook



My Account: Online Access to Your Claims

View real-time information on your claims and out-of-pocket costs online, whenever you need to with My Account. Simply log on to www.carefirst.com/myaccount for real-time information about your plan.

Features of My Account

- Find out who's covered on your policy and the effective date of your coverage.
- Check your deductible and out-of-pocket costs for your current and previous plan year.
- Review up to one year of medical claims – total charges, benefits paid, and costs for a specific date range.

Your Security

Your log-in information is completely secure. Select your own User ID and Password, which you can change at any time. Our staff will never ask you for your password and to protect your security you'll be logged out automatically after 15 minutes of inactivity.

Signing Up is Easy

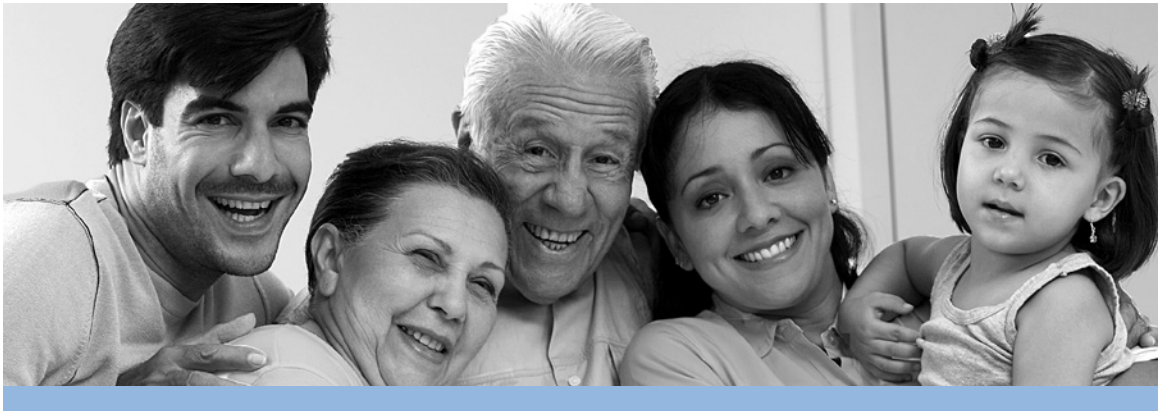
Visit www.carefirst.com/myaccount, click on "Register Now" and set up your User ID and Password. You'll just need information from your member ID card.

Additional Tools

Depending on your specific health plan, you may have access to the following services through My Account:

- Select a drug and the prescribed dosage to find out the exact dollar amount you'll pay at a particular pharmacy.
- View a side-by-side comparison of costs at local pharmacies.
- Find out potential savings of a generic drug.
- Email a nurse and receive a secure, online response within 24 hours.
- Plan for surgeries and other procedures by comparing outcomes and other quality measures for nearby hospitals.
- Download claim forms.
- Request replacement ID card.

The screenshot shows the CareFirst BlueCross BlueShield website. At the top, there are navigation links: About Us, Careers, Community, Contact Us, and Glossary. Below this, there are three tabs: Members & Visitors (selected), Employers & Benefits Managers, and Providers & Physicians. The main content area is titled "Welcome to CareFirst.com!" and features a "Log In to My Account" section with fields for User ID and Password, a "Remember me" checkbox, and links for "Forgot User ID?", "Forgot Password?", and "Not logging in?". A "LOG IN" button is located below these links. To the right of the login section is a "Save Money" promotional box with a photo of a smiling family and a "LEARN MORE" link. At the bottom of the page, there are links for "Plan Information" and "Find a Doctor". A black arrow points to the "REGISTER NOW" button at the bottom left of the login section.



Welcome to BlueChoice HMO

Thank you for choosing CareFirst BlueChoice, Inc.'s (CareFirst BlueChoice) BlueChoice HMO. We are committed to providing our members and their families with the highest level of service possible and hope that the information included in this handbook will assist you in understanding your CareFirst BlueChoice HMO benefits and options.

Please take a moment to review this information and then keep it in a safe place for future reference. This booklet, along with your Summary of Benefits and enrollment materials, gives you tips on how to receive the highest level of health care benefits. This guide is meant to be an overview and describes important features of BlueChoice HMO. However, it is not a contract. A detailed description of specific terms, as well as the conditions and limitations of your coverage, is included in your Evidence of Coverage.

As always, please contact Member Services at the telephone number listed on your member identification card if you have any questions regarding your coverage. We appreciate your business and look forward to serving you in the future.

Keep in a safe place for future reference.

► You may also view this handbook online at www.carefirst.com in the *Plan Information* section.

Important Information

Emergency Assistance and Medical Advice

In case of a medical emergency, call 911 or go to the emergency room. You should call your Primary Care Provider (PCP) when you have a health problem. If you cannot reach your PCP and have questions about your health, an illness or an urgent medical condition, FirstHelp™ is available to help you make a decision concerning the most appropriate level of care.

FirstHelp™ Health Care Advice Line – 24 hours a day, 7 days a week

Toll-free: (800) 535-9700

McKesson, Inc. is an independent company that provides 24-hour health care advice services under the name FirstHelp™. McKesson, Inc. does not provide CareFirst BlueChoice products or services. FirstHelp™ is solely responsible for the advice services.

Hospital Authorization/Utilization Management

Your CareFirst BlueChoice provider should obtain any necessary admission authorizations for covered services. Toll-free: (866) PREAUTH (773-2884)

Mental Health/Substance Abuse Care

Call the telephone number on your member ID card under the Mental Health/Substance Abuse Service and Authorization section. Assistance is available 24 hours a day, 7 days a week.

Additional Telephone Numbers

Pharmacy Benefits (CVS Caremark)*

(800) 241-3371

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst BlueChoice members.

Vision Benefits (Davis Vision)*

(800) 783-5602

Davis Vision, Inc. is an independent company and administers the BlueVision Program on behalf of CareFirst BlueChoice.

Away From Home Care®

(888) 452-6403

**Your coverage may not include these benefits. Refer to your Evidence of Coverage for details.*

Member Services

Please call the Member Services phone number listed on your member identification (ID) card.

TTY Telephone Numbers
Maryland Relay Program (toll-free)
(800) 735-2285

National Capital Area TTY
(202) 479-3546

Multi-lingual translators are available for assistance through Member Services.

Contact Member Services for benefit and contract information.

When writing to CareFirst BlueChoice, Inc. (CareFirst BlueChoice), always include your Member Identification Number. Please address your correspondence to:

Mail Administrator
P.O. Box 14114
Lexington, KY 40512-4114

➤ Please refer to the Evidence of Coverage for specific terms, conditions, limitations and exclusions.

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Your BlueChoice HMO ID Card

CareFirst BlueChoice is a Health Maintenance Organization (HMO). In an HMO, care is provided and coordinated by a Primary Care Provider (PCP) whom you choose. Your PCP provides preventive care and coordinates specialty care using a network of CareFirst BlueChoice specialists within a referral system. By coordinating your care, your PCP ensures quality of care while reducing medical expenses.

Your Membership Card

By now you should have received your CareFirst BlueChoice membership identification card. Your card identifies you as a CareFirst BlueChoice member and contains important information about you, your Primary Care Provider (PCP), your copayments and some of the benefits for which you are eligible. This is the card that you present to your PCP, a specialist or a hospital to receive care. Always carry your member ID card with you. (If you haven't received your card yet, please use your copy of the CareFirst BlueChoice enrollment form or take a copy of your acceptance letter from CareFirst BlueChoice to your provider.)

The diagram to the right explains the information on your card. Please take a moment to review your card. If any of the information is incorrect, please contact our Member Services Department immediately.

The back of the member ID card includes medical emergency assistance and mental health/substance abuse telephone numbers, as well as instructions and an address for filing claims and sending correspondence. If your ID card is lost or stolen, please contact Member Services immediately for a replacement. Remember to destroy any old cards and always present your current ID card when receiving services.

CareFirst BlueChoice

Member Name **3**
JOHN DOE

Member ID **2**
XIC99999999

PCP Name **4**
SMITH, Joe

Group **6**
OHMO

5 Copay
P30 S40 DO ER100 **7**

BCBS Plan 080/580

www.carefirst.com **1**
Member Services: 866-520-6099

Provider Claims and Benefits: 800-642-5975

Providers must submit all claims to the local Blue Cross and Blue Shield Plan.

Local CareFirst providers mail to:
Mail Administrator
PO Box 14116 (for claims)
Lexington, KY 40512-4116
PO Box 1414 (for correspondence)
Lexington, KY 40512-4114

Hospital Precort: 866-773-2884
Mental Health/Substance Abuse: 800-245-7013
24hr First-Help: 800-555-9700

To locate Participating Providers outside the CareFirst BlueCross BlueShield service area, call 800-610-2563

This employee benefit plan provides benefits to you and your eligible dependents.

CareFirst BlueCross BlueShield provides representative claims payment services only and does not assume any financial risk or obligation with respect to claims.

CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. ®Registered trademark of the Blue Cross and Blue Shield Association. ®Registered trademark of CareFirst of Maryland, Inc.

IDC0025-1S (10/08)

This is a sample member ID card. Please review your actual card for your ID number and information specific to your coverage.

- 1** Member Services Telephone Numbers
- 2** Your Membership Identification Number
- 3** Member's Name
- 4** Primary Care Provider's (PCP) Name
- 5** Copayments
P = PCP
S = Specialist
ER = Emergency Room
RX = Prescription
- 6** Your Group Number
- 7** Dental or Vision Coverage, if applicable



Frequently Asked Questions

TIP: Always carry your member ID card with you at all times and present your card when you receive care.

TIP: You may find a doctor any time in our online Provider Directory at www.carefirst.com.

What is my ID card for?

Your card is important in getting the most out of your health plan. You will present your member ID card when you receive care. Always carry your member ID card with you.

How can I find out if a certain doctor is a Primary Care Provider with CareFirst BlueChoice?

You can access our CareFirst BlueChoice Provider Directory on our website at www.carefirst.com/**doctor**. You can also call Member Services at the telephone number on your member ID card to request a CareFirst BlueChoice Provider Directory or have a Member Services Representative access this information for you. You may also select a Nurse Practitioner to be your Primary Care Provider.

► *For more information, see the “Selecting your Primary Care Provider” section on page 8 of this handbook.*

How do I obtain specialty care?

Your Primary Care Provider (PCP) is responsible for coordinating your in-network care. The PCP will give you referrals to specialists who participate in the CareFirst BlueChoice network. A PCP referral is not necessary for the services of a CareFirst BlueChoice obstetrician or gynecologist.

► *For more information, see the “Referrals to Specialists” section on page 10 of this handbook.*

How do I know which specialists I can use? Can I use any specialist listed in the CareFirst BlueChoice Provider Directory?

You should contact your PCP to determine if the services of a specialist are necessary. You may contact Member Services to verify if coverage exists for the specialty care you are seeking.

Can I change my Primary Care Provider?

Yes, you can change your PCP or Nurse Practitioner online at www.carefirst.com/myaccount or you can contact Member Services and a representative will assist you. CareFirst BlueChoice must be notified and must process the PCP change prior to the time you receive care from the new PCP.

► *For more information, see the “Changing your Primary Care Provider” section on page 9 of this handbook.*

How can I find out if I have a particular benefit?

Your benefits are detailed in the Evidence of Coverage. You may also contact Member Services to obtain specific information on contract benefits such as medical care, vision care, dental care, prescription benefits, etc.

I will be traveling out of town. What coverage do I have?

When you are outside the service area, benefits are available for emergency or urgent care only. With the BlueCard® program, when you see an out-of-area participating Blue Cross and Blue Shield physician or hospital for emergency or urgent care, you will only be responsible for paying out-of-pocket expenses (copayment) and your benefits will be paid at the in-network level. This relieves you of the hassle and worry of paying for the entire visit up-front and then filing a claim form later. The suitcase and prefix to your membership number on your member ID card tells Blue Cross and Blue Shield participating physicians and hospitals throughout the country that your benefits include the BlueCard® program.

In addition, if you will be traveling for 90 days or more, you may be eligible for the Away From Home Care® Program.

► *For more information, see the sections “Emergency and Urgent Care” section on page 11, “The Away From Home Care® Program” section on page 13 and “Filing a Claim for Reimbursement” section on page 21 of this handbook.*

Frequently Asked Questions

If I need in-area emergency care, what should I do?

If your situation is a medical emergency, call 911 or seek help immediately at the nearest emergency or urgent care facility. In an urgent situation, we recommend that you contact your PCP for advice. If you are unable to reach your PCP, you may contact FirstHelp™, our 24-Hour Emergency Assistance and Medical Advice Service at (800) 535-9700.

➤ *For more information, see the “Emergency and Urgent Care” section on page 11 of this handbook.*

I have a dependent who will be going away to college. What coverage does he or she have?

If the college is outside of the CareFirst BlueChoice service area, coverage is limited to emergency or urgent care only.

➤ *For more information, see the section “Emergency and Urgent Care” section on page 11 of this handbook.*

Students who will be out of the area for 90 or more days may be eligible for the Away From Home Care® Program.

➤ *For more information, see the “The Away From Home Care® Program” section on page 13 of this handbook.*

Where should I go for covered laboratory services?

Members must go to LabCorp® for any laboratory services in order to obtain in-network coverage for those services. LabCorp® is contracted to provide services for CareFirst BlueChoice members throughout Maryland, Virginia and Washington, DC.

➤ *For more information, see the “Laboratory Services” section on page 9 of this handbook.*

What can I do to ensure I pay the lowest copay for my prescription?*

To ensure that you are paying the lowest copay for a prescription, you should check the status of the drug on the CareFirst BlueChoice Preferred Drug List before:

- You talk with your doctor about a refill or a change in your medication.
- You call the pharmacy to order a refill.
- You order a prescription through mail order.

For example, if you check the status of your brand-name drug and find out there is a Generic equivalent on the CareFirst BlueChoice Preferred Drug List, we suggest you talk with your doctor to see if a Generic alternative is the right choice for you.

➤ *For more information on how to cut prescription drug costs, see the “Pharmacy Benefits” section on page 15 of this handbook.*

*This information applies only to members whose prescription drug program is based on the CareFirst BlueChoice Preferred Drug List.

What is Health + Wellness?

Health + Wellness is CareFirst Blue Choice’s Care Management program that provides you with the tools and resources to help you stay healthy or make you well.

Our prevention tools are designed to help you stay strong and healthy. Utilization Management helps ensure you receive the right care at the right time in the right place. Case Management provides support to members when it is needed most.

➤ *For more information and to learn how Health + Wellness can work for you, see page 18 in this handbook.*



When You Need Care

Your Primary Care Provider

When you joined CareFirst BlueChoice, you should have chosen a Primary Care Provider (PCP) or a Nurse Practitioner to be responsible for your primary medical care. If you did not choose a PCP upon enrollment, please contact Member Services. The name of the PCP currently on file for you appears on the front of your CareFirst BlueChoice ID card.

In order to get the most out of your benefits, you should call your PCP first when you have a medical problem. If your PCP is with another patient, leave a brief message describing your problem or symptoms, and the PCP will return your call as soon as possible.

If the situation is a medical emergency, call 911 or go directly to the nearest emergency facility. The treatment of medically necessary emergencies is covered. See the “Emergency and Urgent Care” section on page 11 of this handbook for more information.

Establishing a relationship with one doctor is the best way for you to receive consistent, quality health care. We encourage you to contact your PCP or Nurse Practitioner for an initial health assessment within 90 days of your enrollment.

We encourage you to find a physician whom you feel comfortable with and schedule all of your appointments with him or her.

Your PCP will:

- provide basic medical care – treating illnesses and providing preventive care;
- prescribe any medications you may require;
- maintain your medical history; and
- work with you to determine when you should see a specialist, and assist in the selection of a specialist.

If you have any questions about scheduling your appointment, please call your PCP’s office.

Selecting your Primary Care Provider

You may choose a doctor who specializes in family practice, general practice, pediatrics, or internal medicine as your PCP. Each member must choose a PCP from our CareFirst BlueChoice Provider Directory at the time of enrollment. Your entire family may select the same doctor, or each member may choose a different doctor based on each individual’s age or medical needs.

If you have not selected a PCP for yourself or a covered family member, PCP visits and medical emergencies will be covered; however, all other covered services may be denied.

You may select your PCP by reviewing our list of participating PCPs in the CareFirst BlueChoice Provider Directory, by visiting www.carefirst.com/doctor, or by contacting Member Services. Our staff is ready to assist you in selecting a physician, and we can provide you with information about a doctor’s background and hospital affiliation. You can obtain specific information about a physician’s practice style and office hours directly from the physician’s office.

When You Need Care

Changing your Primary Care Provider

If you wish to change your PCP, make your change online at www.carefirst.com/myaccount or contact Member Services and give the representative the name of the PCP to whom you want to switch. If the change is requested prior to the 20th of the current month, it will be effective on the first of the following month. Requests received after the 20th of the current month will be effective on the first of the second month following your request. For example, a request received on January 21 would be effective March 1. You will receive a new identification card with your new PCP's name. Please destroy your old member ID card once the change becomes effective. Also, if you require urgent medical care that cannot wait until your new PCP becomes effective, seek care from your previous PCP.

Medical Records

Each physician's office keeps a copy of your medical records. If you are a new member, we encourage you to transfer your previous medical records to your PCP's office. Transferring your records to your PCP's office will give your PCP easier access to your medical history. Your previous physician may charge you a fee for this transfer of records. Your medical records are kept in confidence and will only be released as authorized by law. Please refer to the "Confidentiality" section on page 25 of this handbook for our guidelines on the release of medical information.

Scheduling Appointments

CareFirst BlueChoice physicians see patients in their own offices. Always call for an appointment before visiting your physician and identify yourself as a CareFirst BlueChoice member. Don't forget to bring your member ID card to your appointment and present the card to the receptionist. You should always present your CareFirst BlueChoice member ID card whenever you seek care at your PCP's or specialist's office or the hospital.

CareFirst BlueChoice has set goals for providers in our participating network regarding appointment availability and office waiting times. For appointments for non-symptomatic visits, such as preventive care or routine wellness, we expect the doctor to schedule the appointment within four weeks.

If you have an urgent problem, call your PCP as soon as possible, and the office staff will arrange an appropriate time for you to be seen. For a symptomatic (acute) problem, most offices try to

schedule you within 24-72 hours or less, depending on the urgency of the problem. The nurse or the appointment staff at your doctor's office will help you determine how quickly you need to be seen.

Canceling Appointments

If you are unable to keep a scheduled appointment, call the physician's office as soon as possible. Our physicians prefer at least 24 hours notice so they can offer your appointment time to another patient. Some physicians may charge a fee if you miss an appointment and have not called to cancel.

Laboratory Services

Members must go to a LabCorp® facility for any laboratory services in order to obtain coverage for those services. LabCorp® is contracted to provide services for CareFirst BlueChoice members throughout Maryland*, Virginia and Washington, DC.

Labwork performed in an outpatient hospital setting will require a prior authorization.

Before going to the LabCorp® site, members must have a LabCorp® requisition form or physician's order on a prescription pad or letterhead.

LabCorp® has approximately 70 locations in the Maryland, Washington, DC and Northern Virginia area. If you need more information or need assistance with lab requisitions, please call LabCorp® at (800) 322-3629. To locate the nearest LabCorp® patient service center, call (888) LAB-CORP (522-2677), or visit the LabCorp® website at www.labcorp.com.

**Some exceptions apply in Western Maryland.*



When You Need Care

NOTE: If you see a specialist without first obtaining a referral from your PCP, all covered services will be denied.

Referrals to Specialists

Your PCP will coordinate your medical care and provide treatment for a variety of medical conditions. Generally, your PCP will need to see you for a proper evaluation before issuing a written referral. You and your PCP can select a specialist from those listed by specialty type in your CareFirst BlueChoice Provider Directory. If a provider with the required specialty is not available within the CareFirst BlueChoice network, your PCP should contact CareFirst BlueChoice to determine if authorization is available for treatment by an out-of-network specialist.

If you see a specialist without first obtaining a referral from your PCP, all covered services will be denied.

You will receive a referral form. In most cases, the specialist must have the CareFirst BlueChoice referral in order to provide care. These referrals must be written before your visit to the specialist, not after you receive specialty services. A referral to a specialist usually covers up to a maximum of three visits and is generally valid for 120 days from the date the referral is written.

A referral from your PCP is not required for the following services:

- gynecological and obstetrical care from a CareFirst BlueChoice OB/GYN
- birthing classes (provided at a participating CareFirst BlueChoice facility)
- laboratory or radiology services performed by participating CareFirst BlueChoice providers (a physician's order or prescription is required)
- routine vision exams performed by an optometrist at a participating vision care center*
- mental health and substance abuse services (It is your responsibility to call the Mental Health/Substance Abuse Service and Authorization telephone number on the back of your identification card to arrange for mental health and substance abuse care.)
- covered services rendered by a CareFirst BlueChoice ophthalmologist

* Your coverage may not include this benefit. Refer to your Evidence of Coverage for details.

Long-Standing Referrals

Members with conditions that require specialized care for a long period may receive a long-standing referral to a specialist. Members are allowed up to one year of unlimited specialist visits through a long-standing referral if:

- the member has a life-threatening, degenerative, chronic and/or disabling condition or disease requiring specialized medical care;
- the member's PCP determines, in consultation with the specialist, that the member needs continuing specialized care;
- the specialist has expertise in treating the patient's condition and is part of the CareFirst BlueChoice network; or
- the member has been diagnosed with cancer; the member may visit a board certified physician or pain oncologist for care.



Emergency and Urgent Care

The treatment of medically necessary emergencies is covered because when you have a medical emergency, your health care coverage is not the first thought that comes to mind. We encourage you to become familiar with this section so you'll know how to get the maximum benefits available under the policy if you should have a medical emergency.

Prior authorization is not needed for emergency room services.

Urgent Care Centers

Urgent care centers are walk-in medical facilities equipped to handle minor emergencies. Most centers have evening and weekend hours should a condition require immediate attention and you are unable to reach your PCP. Urgent care centers are typically conveniently located and often allow you to be seen more quickly than in an emergency room.

You may refer to the list of urgent care centers in your CareFirst BlueChoice Provider Directory or call FirstHelp™ for a participating urgent care center near you.

Remember, urgent care centers do not take the place of your PCP. Your PCP should be your first contact whenever you need medical care.

Urgent Care

An “Urgent Condition” is a condition that is not a threat to life or limb, but does require prompt medical attention. If the situation is urgent:

- Contact your PCP. If your PCP is unavailable or if you are unsure about the meaning or seriousness of the symptoms, you can call

FirstHelp™ at (800) 535-9700 for medical advice, or

- Go directly to an urgent care center. A list of participating CareFirst BlueChoice Urgent Care Centers can be found in the CareFirst BlueChoice Provider Directory or on our website at www.carefirst.com/doctor.

Medical Emergencies

If the situation is a medical emergency:

- call 911 or
- go directly to the nearest emergency facility.

Emergency Services means, with respect to an Emergency Medical Condition:

- A medical screening examination (as required under section 1867 of the Social Security Act, 42 U.S.C. 1395dd) that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such Emergency Medical Condition; and
- Such further medical examination and treatment, to the extent they are within the capability of the staff and facilities available at the hospital, as are required under section 1867 of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

Emergency Medical Condition means the sudden and unexpected onset of a medical condition of sufficient severity, including severe pain, when the absence of immediate medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in:

- Serious jeopardy to the mental or physical health of the individual; or
- Danger of serious impairment of the individual's bodily functions; or
- Serious dysfunction of any of the individual's bodily organs or parts; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Examples might include, but are not limited to, heart attacks, uncontrollable bleeding, inability to breathe, loss of consciousness, poisonings, and other acute conditions as CareFirst BlueChoice determines.

Follow-Up Care

If your condition requires follow-up care after your initial visit to an urgent care center or hospital emergency room, you should contact your PCP. In-network benefits may not be available for follow-up care performed in an urgent care center or hospital emergency room for additional services related to the initial condition.

The physician at the emergency room or urgent care center cannot refer you to a specialist for follow-up care. You should contact your PCP for a referral to a specialist. You can always contact Member Services to determine if you are following the correct procedures to receive the highest level of benefits.

REMEMBER:

Be sure to keep your member ID card with you at all times, especially when you travel.

FirstHelp™: 24-Hour Emergency Assistance and Medical Advice

If you believe a situation is a medical emergency, call 911 immediately or go to the nearest emergency facility. In an urgent situation, contact your PCP for advice. If your PCP is not available and you have symptoms and don't know exactly what they mean or how serious they are, CareFirst BlueChoice provides you with FirstHelp™, a 24-Hour Emergency Assistance and Medical Advice hotline. Here's how it works:

- ▶ If you are unable to reach your PCP, call FirstHelp™, our 24-Hour Medical Advice/Emergency Assistance Service at (800) 535-9700. (The telephone number is also listed on the back of your member ID card.) Your call will be answered promptly by an experienced registered nurse.
- ▶ If the nurse determines that your situation is a medical emergency, he or she will advise you to seek immediate medical care. NOTE: If taking the time to call FirstHelp™ would seriously jeopardize your health, call 911 directly or go to an emergency facility immediately.
- ▶ If your condition is not an emergency situation, the nurse will ask you about your symptoms. The nurse will then make recommendations to help you decide the safest and most appropriate course of action, whether it's a participating urgent care center, an appointment at your physician's office, or self-care.

- ▶ If the nurse recommends self-care, he or she will educate you about your condition, explain what to do for pain or symptom relief and tell you what to expect or watch for. The nurse may also call you the next day to check on your condition.

- ▶ *If your urgent condition is related to mental health or substance abuse, see the section on "Seeing Mental Health Specialists" section on page 14 of this handbook.*

Care When Traveling

- ▶ Seek medical attention immediately in the case of emergencies and urgent conditions.
- ▶ If you are unsure about the meaning or seriousness of the symptoms, call FirstHelp™ at (800) 535-9700 for medical advice.

BlueCard® Program for Out-of-Area Emergency and Urgent Care

As a CareFirst BlueChoice member, your benefits include the BlueCard® program for out-of-area emergency and urgent care situations. The BlueCard® program is a benefit because when you see an out-of-area participating Blue Cross and Blue Shield physician or hospital for emergency or urgent care, you will only be responsible for paying out-of-pocket expenses (copayment) and your benefits will be paid at the in-network level. This relieves you of the hassle and worry of paying for the entire visit up-front and then filing a claim form later. The participating Blue Cross and Blue Shield physician or hospital will file the claim directly to their local Blue Cross and Blue Shield plan. In turn, the participating provider will be reimbursed directly on your behalf.

To use the BlueCard® program for out-of-area emergency and urgent care, please call (800) 810-BLUE (2583) to locate the nearest Blue Cross and Blue Shield physicians and hospitals. At the time of service, present your member ID card.

If your physician or hospital does not bill its local Blue Cross Blue Shield plan for out-of-area emergency or urgent care, the physician or hospital should bill CareFirst BlueChoice directly. However, if an up-front payment is requested, obtain itemized receipts and contact Member Services when you return to obtain a claim form for consideration and reimbursement of charges.

- ▶ *For more information, see the "Filing a Claim for Reimbursement" section on page 21 of this handbook.*

Emergency and Urgent Care

The Away From Home Care® Program

The Away From Home Care® program allows BlueChoice HMO members and their dependents to receive care when they are away from home for at least 90 days. The care can be provided by an affiliated Blue Cross and Blue Shield HMO outside of the CareFirst BlueChoice service area (Maryland, Washington DC, and Northern Virginia). Whether it is extended out-of-town business or travel, semesters at school or families living apart, with the Away From Home Care® program, members can enjoy a full range of benefits. This includes, but is not limited to routine and preventive care. Your copay and benefits will be those of the affiliated HMO in the area where you are visiting. You will be treated as though you are actually a member of the affiliated plan.

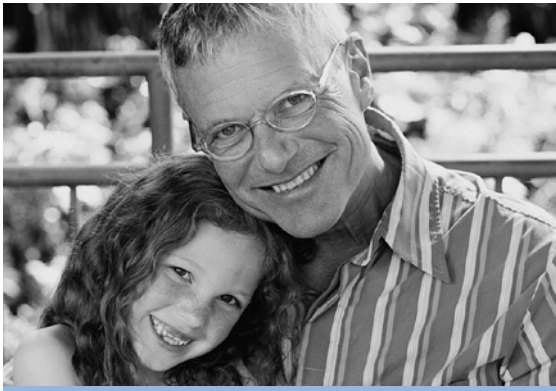
Where can I obtain more information and enroll in the Away From Home Care® program?

If you would like to obtain more information or enroll in the Away From Home Care® program, please call the CareFirst BlueChoice Member Services number on the front of your CareFirst BlueChoice ID card and ask to be transferred to the Away From Home Care® Coordinator. The Coordinator will:

- Check your CareFirst BlueChoice eligibility.
- Obtain the appropriate information (e.g., destination, duration of stay).
- Determine if there is a participating affiliated HMO available in the area where you or your dependents are visiting. **If there are no participating affiliated HMOs in the area, the program will not be available to you.**
- Explain how the program works if there is an affiliated HMO available in the destination area.
- Send the application to you for your signature, and once the signed application is returned, submit it to the affiliated HMO.



FirstHelp™ 24-Hour Emergency Assistance and Medical Advice Hotline (800) 535-9700



Seeing Mental Health Specialists

IMPORTANT: Mental health and substance abuse services must be coordinated through our mental health and substance abuse administrator rather than through your physician.

Your health care coverage includes mental health and substance abuse benefits. Mental health and substance abuse benefits may be subject to day and/or visit limitations. Also, certain conditions may be excluded, such as chronic, long-term or ongoing conditions. Please consult your Evidence of Coverage for specific information about your particular coverage, or call Member Services at the number on your member ID card for more information.

How to Obtain In-Network Mental Health Care

If you think you are in need of mental health or substance abuse care, you must first call the Mental Health/Substance Abuse Service and Authorization phone number on the back of your identification card*. A trained representative will ask you basic questions and explain your benefits. A Case Manager will discuss your situation with you and evaluate the most appropriate plan of treatment. If the patient is a child or an adolescent, the parent or guardian may provide the necessary information.

Based on your discussion with the Case Manager, you may be referred to a mental health provider to treat your condition. Once you have been referred, your network provider will work directly with the Case Manager to obtain authorization for any additional treatment.

Mental health and substance abuse services must be coordinated through our mental health and substance abuse administrator rather than through your PCP. However, if you wish, you may

**Note: If you are enrolled in your health coverage through your employer, and your employer has 51 or more full-time employees, prior authorization may not be required. To be in compliance with the federal Mental Health Parity Enforcement Act, CareFirst does not require prior authorization for outpatient mental health services for groups with 51 or more full-time employees. If you have any questions, please see your Human Resources representative.*

first discuss your concerns with your doctor. Your PCP may contact our mental health and substance abuse administrator on your behalf. If you receive ongoing care from a mental health practitioner, we suggest that you have this practitioner send regular reports regarding your treatment directly to your PCP. This is especially important if you are receiving medications, since your PCP will then be able to monitor potential interactions related to any other medications that may be prescribed for you. By working with your PCP and other practitioners, you can assist in the continuity and effective coordination of your health care.

To be eligible for in-network benefits, both mental health and substance abuse services must be coordinated through our administrator. Please refer to your Evidence of Coverage to identify your specific mental health and substance abuse benefits.

For mental health and substance abuse care, including emergencies, call the Mental Health/Substance Abuse Service and Authorization telephone number on the back of your identification card. Service is available 24 hours a day, 7 days a week.

EXCLUSIONS:

- ▶ Your CareFirst BlueChoice coverage does not allow benefits for services rendered by providers that are not part of the CareFirst BlueChoice network except for emergency treatment.
- ▶ Depending on your contract, benefits might not be available for the services rendered by all providers listed in the CareFirst BlueChoice Provider Directory.
- ▶ Please refer to your Evidence of Coverage for specific information regarding exclusions from your coverage.



Additional Benefits

Dental Benefits

Your benefits may include dental coverage. Details about your dental coverage are located in your Evidence of Coverage.

For information on dental coverage, please call the Member Services or the Dental Member Services number on your member ID card.

The following is a list of dental plans for which you may be eligible if you purchase coverage through your employer. If you purchased your dental policy directly from CareFirst, you have other plan options that are detailed in your enrollment brochure or you can call (800) 544-8703 to learn more.

Traditional Dental

CareFirst BlueCross BlueShield's (CareFirst) Traditional Dental allows you the freedom to seek dental care from any dentist and the opportunity to reduce out-of-pocket costs. When you visit a participating dentist, you have no claims to file and are only responsible for applicable deductibles and coinsurance. If you seek care from a non-participating dentist, you will be required to file claims yourself and you may incur higher out-of-pocket costs. More than 4,000 dentists participate with CareFirst – you may already be seeing a CareFirst participating dentist. You may also have access to a national network with 86,000 dentists.

If you have dental benefits, you have access to the following services:

- Preventive care
- X-rays
- Fillings and restorative services
- Oral surgery and periodontal care
- Emergency care

Your dental coverage may also include orthodontia.

Preferred (PPO) Dental

CareFirst's Preferred (PPO) Dental offers both savings and choice. CareFirst has developed a network of 3,600 preferred dentists who have agreed to provide care at a discount. You may also have access to a national network with 86,000 dentists. Once you meet your annual deductible, you can save money by paying a lower coinsurance amount when using a dentist in the Preferred network, and have no claim forms to file. If you receive care outside the Preferred network, you may have to file your own claim forms and pay more out-of-pocket for your care.

Dental HMO

As a Dental Health Maintenance Organization (DHMO) member, you choose a Primary Care Dentist (PCD) from a carefully selected network. All dental services are provided for the cost of a copay – there are no deductibles to meet, no claim forms to file and no annual maximums. If you have not selected a PCD or have questions about your DHMO dental coverage, please contact Dental Services at (410) 847-9060 or (888) 833-8464.

Pharmacy Benefits

Your coverage may include pharmacy benefits. Please review your Evidence of Coverage to determine whether or not you have benefits for prescription medications under your CareFirst BlueChoice plan. CareFirst BlueChoice members who are enrolled in the BlueChoice Saver plan have coverage for generic drugs and are eligible for discounts on brand name drugs.

CareFirst BlueChoice uses a Preferred Drug List, which is a list of Generic and certain Preferred Brand drugs. Drugs that are not on the Preferred Drug List may be covered as part of your plan,

CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

although your payment may be more for these drugs. If you are prescribed a drug that is not on the Preferred Drug List, discuss other options with your doctor, such as Generic alternatives.

You can rest easy knowing that your medications have been reviewed for quality, effectiveness, safety, and cost by a committee of doctors and pharmacists who serve in the CareFirst region. The Preferred Drug List changes frequently in response to the Food and Drug Administration (FDA) requirements and is also adjusted when a Generic drug is introduced for a brand name drug. When that happens, the Generic will be added to the Preferred Drug List. For the most current Preferred Drug List, please visit www.carefirst.com/rx.

Prior authorization

Some prescriptions require advanced approval before they can be filled. As a result, a prior authorization is used to ensure that you meet the necessary medical criteria to obtain a particular drug.

For the most up-to-date prior authorization list, visit www.carefirst.com/rx.

Should you require a prescription for one of these drugs, please explain to your doctor that prior authorization is needed before benefits will be available to you and that they must call to begin the process. Without proper authorization, you'll pay the full price of the prescription, rather than only your copay or coinsurance amount.

Questions?

If you have any questions about your pharmacy benefits, call CareFirst Pharmacy Member Services at (800) 241-3371 or visit www.carefirst.com/rx.

How to manage medication costs

Our pharmacy program already saves you money on prescription costs. However, you also may have other alternatives to lower your costs while getting medications that treat your condition.

Here are simple steps you can take:

- ▶ **Ask your doctor** – Talk to your doctor to see if there are Generic options available for your medication(s). And, if the drug your doctor is prescribing is brand name only, ask if there are other Generics in the same class or less expensive alternatives that work the same way.

- ▶ **Ask your pharmacist** – When you fill your prescription, ask the pharmacist if there is a Generic alternative. Your doctor may not be aware of other options that are available.
- ▶ **Check out our Preferred Drug List** – Do your own research by going to www.carefirst.com/rx. Bring a copy of the list to your doctor or pharmacist and ask them to help you find Generics that can save you money.
- ▶ **Use a participating pharmacy**. There are more than 60,000 participating pharmacies nationwide that accept your prescription drug card. Choose one that's convenient, but remember to shop around. Some pharmacies charge more than others, and if you have a plan with coinsurance, those prices may affect how much you pay.
- ▶ **Don't forget your member ID card**. To help ensure you receive proper service, the pharmacist will need your member ID card and a prescription from your doctor.

Some of these tips apply only to members whose prescription drug benefit is based on the CareFirst BlueCross BlueShield and CareFirst BlueChoice Preferred Drug List.

Vision Benefits

Your coverage may include benefits for vision care under BlueVision or BlueVision *Plus*. Please review your Evidence of Coverage to determine if your coverage includes benefits for vision care. CareFirst BlueChoice members with individual coverage are only eligible for BlueVision coverage.

CareFirst BlueChoice is pleased to offer BlueVision and BlueVision *Plus* to meet your vision needs. These vision plans are administered by Davis Vision, Inc., a national provider of vision care services.

BlueVision

BlueVision provides a routine vision examination (including dilation) once per benefit period for a \$10 copay when you visit a participating Davis Vision provider. Through Davis Vision, you also receive discounts on eyeglass lenses and frames or contact lenses, as well as laser vision correction surgery. Refer to your Evidence of Coverage to find out what benefits you have under your plan.

Additional Benefits

BlueVision *Plus*

BlueVision *Plus* provides an extended benefit that includes an eye examination (including dilation) and coverage for eyeglasses or contact lenses once per benefit period. Eyeglass frames are covered in full when you choose from Davis Vision's Collection of approximately 400 frames, or you can receive an allowance toward any other frame. You can also receive coverage for contact lenses in lieu of eyeglasses. The choice is yours! Additionally, Davis Vision offers discounts on laser vision correction surgery, additional lens treatments and coatings. Refer to your Evidence of Coverage to find out what benefits you have under your plan.

With BlueVision *Plus* you may receive services from out-of-network providers in addition to in-network providers, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

How to Access Out-of-Network Vision Care

Out-of-Network care varies according to plan. Some plans allow out-of-network care while others do not. Refer to your Evidence of Coverage to find out what benefits you have under your plan.

If you choose an out-of-network provider, you will be required to pay the provider directly for all charges and then submit a claim for reimbursement to:

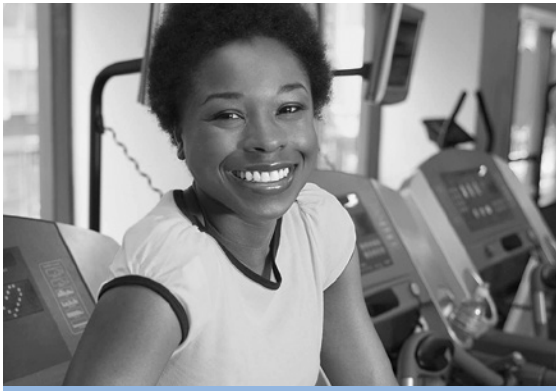
Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Only one claim per service may be submitted for reimbursement each benefit cycle. To print claim forms, visit the "Members" section of www.carefirst.com and click on "Forms" or call (800) 783-5602 to request claim forms.

How to access in-network vision care

- ▶ Call (800) 783-5602 for a list of providers nearest you, or access the network through www.carefirst.com/doctor then select the Vision tab.
- ▶ Call the Davis Vision provider of your choice and schedule an appointment.
- ▶ Identify yourself as a CareFirst BlueChoice member and a BlueVision plan participant.
- ▶ Provide the office with the member's identification number and the year of birth of any covered dependents needing services.
- ▶ The provider's office will verify your eligibility for services and no claim forms are required.





health+wellness

take charge.

Whether you're looking for health and wellness tips, discounts on health and wellness services, or support to manage a health condition, we have the resources to help you get on the path to good health.

With our Health + Wellness Program, you can:

- Stay healthy by identifying habits that could put your health at risk.
- Get healthy with programs that target specific health or lifestyle issues.
- Deal with unexpected health issues or medical emergencies with help from our case management program.
- Live with a condition with the support of a coordinated health care team, by participating in our Patient-Centered Medical Home program.
- Access online tools and services to help you get healthy and stay healthy.

Health and wellness programs and resources help you and your family live a healthy life.

Staying Healthy

Health Assessment

Get an immediate picture of your health status with our confidential, online questionnaire. You'll be asked about lifestyle choices including nutrition, physical activity and tobacco use. The survey takes about 15 minutes to complete and, based on your health status, you'll receive recommendations for improving your health. To take the Health Assessment, log into My Account at www.carefirst.com, click on the tab *Manage My Health* and then click on the *Health Assessment and Coaching*.

Getting Healthy

Health Advising

After completing the Health Assessment, a Health Advisor may contact you to discuss your results.

The Health Advisor will refer you to the appropriate resources, tools, care management and Health Coaching programs that can guide you toward better health.

Online Health Coaching

You may participate in a variety of free, confidential Online Health Coaching programs to help improve your health in the following areas:

- Weight management
- Stress management
- Smoking cessation
- Physical activity
- Overcoming depression
- Care for your back

These programs include access to an online health library, healthy recipes, exercise planners, enhanced goal-setting capabilities, quizzes, videos and links to relevant health information. You can also download most of the tools to an iPod™.



Don't forget to take your Health Assessment to get an immediate picture of your health.

Telephonic Health Coaching

Depending on your Health Assessment results, you may also qualify for Telephonic Health Coaching programs related to physical activity, healthy eating, smoking cessation, or stress management. You may interact with your coach through a private, secure Web-based message board or by phone.

You'll work together to develop a personal health action plan and your coach will monitor your progress and provide guidance and support as needed.

Utilization Management

Our program ensures you'll receive the most appropriate care when you need it. If you have to be hospitalized, or need therapy, our team will review your case, help coordinate care with your provider and assist with discharge planning. If necessary, our team will also approve additional inpatient hospital days.

Dealing with the Unexpected

Case Management

If you have a serious illness or injury, our Case Management program can help you navigate through the health care system and provide support along the way.

Our Case Managers, who are registered nurses, will:

- Work closely with you and your doctors to develop a personalized treatment plan.
- Coordinate necessary services.
- Contact you regularly to see how you're doing.
- Answer any of your questions.
- Suggest available community resources.

Our Case Management program is voluntary and confidential. To enroll or for more information, call (888) 264-8648.

Living with a Condition

Patient-Centered Medical Home (PCMH)

Our PCMH program promotes higher quality health care, while striving to control health care costs over time. PCMH was designed to provide your PCP with a more complete view of your health needs, as well as the care you receive from other providers. This enables the PCP to better manage your health risks, while encouraging you to maintain better health and ultimately produce better outcomes. To participate in PCMH, talk to your PCP.



Health and Wellness Tools

Health Education

Take an active role in managing your health by visiting My Care First at www.mycarefirst.com. Find nearly 300 interactive health-related tools, a multi-media section with more than 400 podcasts, and recipes to search by food group or dietary restrictions. Plus, there are videos and tutorials on chronic diseases and an encyclopedia with information on more than 3,000 conditions.

FirstHelp™

Speak with a FirstHelp™ nurse any time, day or night. Registered nurses are available to answer your health care questions and help guide you to the most appropriate care. Simply call (800) 535-9700 and a registered nurse will ask about your symptoms and help you decide on the best source of care.

Ask Our Nurses

Our Ask Our Nurses program lets you email questions about conditions, symptoms, treatments or diagnostic tests to our registered nurses through a secure and confidential email system. Simply log on to *My Account* at www.carefirst.com and click on “Ask Our Nurses” to submit your question. You’ll receive a personalized response within 24 hours.

Vitality Magazine

Our member magazine has the tools to help you achieve a healthier lifestyle. Vitality provides you with updates to your health care plan and a variety of health and wellness topics, including food and nutrition, physical fitness and preventive health. All issues are available online at www.carefirst.com/vitality.

Support During Your Pregnancy

Our Case Managers strive to help you and your baby stay healthy during pregnancy. Once enrolled, the Case Manager will provide education and information on prenatal care and pregnancy. For more information, call (888) 264-8648.

Wellness Discount Program

You have access to discounts on fitness centers, acupuncture, massages, chiropractic care, nutritional counseling, and more. To learn more, visit www.carefirst.com/options.

Health News

Get the latest information to help you, and your family, maintain a healthy lifestyle. Sign up for our monthly electronic member newsletter by visiting www.carefirst.com/healthnews to receive health-related articles and recipes.

Symptom Checker App

Find out when to manage symptoms at home and when to seek medical care, locate the nearest emergency room, or look up the prescribed dosage of common over-the-counter medicines. This free iPhone™ app can be downloaded at www.carefirst.com/socialmedia.

Pedometer App

Count your steps, distance traveled, and calories burned for each workout with the CareFirst *Ready, Step, Go!* app. This free app is available to anyone who has an iPhone™, iPod Touch™, or Android™ smartphone. Visit your favorite app store and search for “Ready, Step, Go!”.



Administration of Your Plan

Personal and Enrollment Changes

If you change your name, address or phone number, please contact Member Services and we will update our records or advise you of any forms you need to submit. Remember, we need your correct address to keep you informed about critical program information including policies, procedures and benefit changes.

If you have group coverage and you wish to enroll or disenroll a dependent (including newborns) or change your marital status, you must notify your employer within the timeframe specified in your Evidence of Coverage. Individual contract members must notify CareFirst BlueChoice in writing to make enrollment changes.

Filing a Claim for Reimbursement

An advantage of your CareFirst BlueChoice coverage is that you do not have to file claims. CareFirst BlueChoice providers are required to submit claims. All you have to do is pay any necessary copayment at the time of the visit. If you do need to submit a claim for services rendered by a provider who does not participate in the CareFirst BlueChoice network (such as emergency care received outside the service area), you may contact Member Services for a CareFirst BlueChoice Health Benefits Claim Form or print one from our website at www.carefirst.com. Be sure to attach a complete itemized bill prepared by the provider of service that includes the charges for each service along with the medical condition for which the treatment was performed. Submit the completed claim form and attachments to:

Mail Administrator
P.O. Box 14116
Lexington, KY 40512-4116

► *All claims must be filed within the time limit specified in your Evidence of Coverage.*

Provider Reimbursement

CareFirst BlueChoice providers are paid on a fee-for-service basis. This means that CareFirst BlueChoice providers receive benefit payments according to a fee schedule for covered services they perform. You may contact Member Services to obtain additional information about provider payment arrangements.

Other Insurance

When you or your dependents have additional coverage under another health plan or insurance program (for example, a plan through your spouse's employer or Medicare) coordination of benefits (COB) may apply. COB eliminates duplicate payments for the same expense and plays an important role in controlling the price you pay for your health care coverage.

While it is important that you receive the health benefits for which you are eligible, it is just as important that payments are properly coordinated so that one health insurance carrier does not exceed its payment responsibility for your bill. The combined payment by CareFirst BlueChoice and the other plan should not be more than the total amount of the bill.

We update our COB information periodically; however, should your other insurance change, please let us know so we can update our records. Even if you do not have other insurance, it is important that you provide that information to us so that we may keep your records current, which will ensure the quick or expedited processing of your claims. To supply this information, you may call our COB department at (866) 285-2611, or you may download a COB form in the Forms section of our website at www.carefirst.com. Rules to determine how benefits are coordinated are outlined in your Evidence of Coverage.

Administration of Your Plan

NOTE:

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

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

Virginia:

Office of the Managed Care Ombudsman

Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
Phone: (877) 310-6560 or (804) 371-9032
ombudsman@scc.virginia.gov

Office of Licensure and Certification

Complaint Intake

Virginia Department of Health
9960 Mayland Drive, Suite 401
Richmond, VA 23233
Phone: (800) 955-1819 or (804) 367-2106

District of Columbia:

Office of Health Care Ombudsman and Bill of Rights

One Judiciary Square
441 4th Street, NW
9th Floor
Washington, DC 20001
Phone: (877) 685-6391
Fax: (202) 535-1216

Maryland:

Maryland Insurance Administration

Inquiry and Investigation, Life and Health
200 St. Paul Place, Suite 2700
Baltimore, MD 21202-2272
Phone: (410) 468-2244 or (800) 492-6116
Fax: (410) 468-2270
www.mdinsurance.state.md.us

Health Education and Advocacy Unit

Consumer Protection Division
Office of the Attorney General
200 St. Paul Place, 16th Floor
Baltimore, MD 21202
Phone: (410) 528-1840 or (887) 261-8807
Fax: (410) 576-6571
www.oag.state.md.us

Office of Health Care Quality

Spring Grove Hospital Center
Bland-Bryant Building
55 Wade Avenue, Catonsville, MD 21228
Phone: (877) 402-8218 / Fax: (410) 402-8215
www.dhmq.state.md.us/ohcq

Member Satisfaction

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

- If your comment or concern is regarding the quality of service received from a CareFirst BlueChoice representative or administrative problems (e.g., enrollment, claims, bills, etc.), you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible. Please include your daytime telephone number so that we may contact you directly if we need additional information. You can write to us at CareFirst BlueCross BlueShield, Quality of Care Department, P.O. Box 17636, Baltimore, MD 21297. Members may also send an e-mail complaint directly to Quality Improvement at quality.care.complaints@carefirst.com.
- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality Improvement department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst BlueChoice member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst BlueChoice.

These procedures are also outlined in your Evidence of Coverage.



Appeals Process

Step 1: Inquiry and discussion of the problem

Often, Member concerns can be most effectively handled and resolved through informal discussions and information gathering. If your question or concern is regarding our handling of a claim or other administrative action, the member or the member's authorized representative should discuss the matter with the CareFirst BlueChoice Member Services Department. The CareFirst BlueChoice Member Services Department Customer Service Representative will contact the appropriate individuals and gather information needed to answer the question. In many instances, the matter can be quickly resolved.

Step 2: Appeal process

If your concern is not resolved through an informal discussion with a CareFirst BlueChoice Customer Service Representative, you or your authorized representative may make a formal request for an appeal.

This appeal request should be in writing, addressed to our Member Services Department and state the reason(s) for the request. In the event the member or the member's authorized representative cannot put the request in writing, a Customer Service representative can assist you. The request for an appeal must be made within six (6) months or at least 180 days from the date of the notification of denial of benefits. A decision by the Plan shall be made within 30 calendar days for a pre-service appeal, or 45 working days for a post service appeal.

The appeal of a medical necessity decision shall be reviewed, as appropriate, by a physician of the same or similar specialty as the treatment under review. The physician review of the appeal will be performed by a physician who was not part of the original denial.

An expedited appeal process has been established in the event that a delay in a decision would be seriously detrimental to your health or the health of a covered family member. Expedited appeals involve care that has not yet occurred or is currently occurring (pre-service or concurrent care). In an expedited appeal, a decision shall be made within 24

CareFirst BlueChoice's appeal procedure is designed to enable you to have your concerns regarding a denial or reduction of benefits, or a denial of authorization for services, heard and resolved. By following the steps outlined below, you can ensure your appeal is quickly and responsively addressed.

Please note that state mandates may alter the steps below. Refer to your Evidence of Coverage/Agreement for more specific information regarding the appeals process. The procedure for filing an appeal is also located on our website at www.carefirst.com. In the Members & Visitors section, click on "Frequently Asked Questions" in the Solution Center. If you would like a paper copy of the appeals process, you may also contact CareFirst BlueChoice Member Services at the phone number located on your member ID card.

hours of receipt. The physician review of the appeal will be performed by a physician who was not part of the original denial decision.

The expedited appeal review will be, as appropriate, reviewed by a physician in the same or similar specialty as the treatment under review.

All appeal decisions will be communicated in writing to the member, and include a detailed explanation as to the reason for the decision, and any supporting documentation to show how the decision was made. If the decision remains a denial of the benefits, a detailed explanation that references the rule, policy or guideline used in making the appeal decision will be included. Also included in this written appeal decision will be an explanation of the appropriate next steps a member or the authorized member representative may take if they are not satisfied with the appeal decision.

Members have a right to an independent external review of any final appeal determination.

If you wish, you may contact the insurance regulatory department in your area to file a complaint or an appeal regarding a denial or reduction of benefits. Refer to your Evidence of Coverage/Agreement for more specific information regarding initiating an external review of a final appeal determination or a complaint.



Your Coverage

Ending Your Coverage

Your coverage or your dependent's coverage with CareFirst BlueChoice may automatically end for certain reasons. These reasons may include but are not limited to:

- you are no longer employed by the company that carries your CareFirst BlueChoice coverage;
 - your employer cancels coverage with CareFirst BlueChoice;
 - divorce from a policyholder; or
 - a dependent child has a birthday placing him or her beyond the age of coverage.
- *Please refer to your Evidence of Coverage or contact Member Services for more information.*

Continuing Your Coverage

If you are changing jobs or your dependents' status changes, please speak to your employer, your payroll office or Member Services about the options available to you and your eligible dependents to continue health care benefits.

If you have group coverage, you and your dependents may be eligible under federal laws to

continue your coverage with CareFirst BlueChoice at your own expense under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Your former employer is responsible for supplying eligible beneficiaries with the details about COBRA coverage. You and your dependents may be eligible for continuation under a state or federal district provision. See your Evidence of Coverage for more information. Another option may be a CareFirst BlueChoice conversion policy. A conversion policy is a non-group policy offered to members who are losing their group or individual benefits under certain conditions. A conversion policy is a contract that provides individual or family medical coverage. Dental, vision and prescription plans cannot be added to the conversion policy.

If you are interested in receiving a conversion policy application, please contact Member Services at the phone number listed on your ID card.

Portability: HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) ensures that individuals who have health insurance do not experience a gap in coverage due to termination or departure from their current job. A member terminating coverage with an insurance carrier will receive a Certificate of Creditable Coverage indicating the length of time they have had health insurance coverage. This Certificate of Creditable Coverage is used to reduce any waiting time for pre-existing conditions that may be part of subsequent health insurance coverage, as long as there has not been a break in coverage for more than 63 days.

When a member terminates with CareFirst BlueChoice, they receive a Certificate of Health Plan Coverage that indicates how long the member was covered. The member should then present the certificate to the new insurance carrier. This will reduce or eliminate waiting periods for pre-existing conditions under the member's new policy.

Eligible members can enroll for conversion coverage after their eligibility for group coverage ends. You should check with your employer to see how soon you must enroll after your coverage ends. Members who end or lose their group coverage may be entitled to a conversion policy in the following situations:

- the policyholder's eligibility for his or her current group coverage ends;
- termination of spouse's and dependents' eligibility due to the policyholder's death;
- termination of marriage to the policyholder;
- termination of the group agreement if the group has not provided for continued coverage through another plan, and termination is not a result of the group's failure to pay premiums; or
- termination of dependent's eligibility due to reaching the age limit or marriage.



Confidentiality

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a notice of privacy practices from CareFirst BlueChoice or your Health Plan, and from your providers as well, when you visit their office.

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

Our Responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for payment activities and health care operations as explained in the Notice of Privacy Practices. This Notice is sent to all policyholders upon enrollment.

Notice of Privacy Practices

CareFirst BlueChoice is committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are

required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst BlueChoice's responsibility for protecting the member's health information.

To obtain a copy of our Notice of Privacy Practices, please visit our website at www.carefirst.com or call Member Services at the telephone number on your member ID card.

Members of self-insured groups should contact their Human Resources department for a copy of their Notice of Privacy Practices. If you don't know whether your employer is self-insured, please contact your Human Resources department.

Your Rights

You have the following rights regarding your own Protected Health Information. You have the right to:

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



Member Rights and Responsibilities

Rights of Members

The Plan promotes members' rights by providing mechanisms to ensure:

- Protection of confidential information.
- Accurate and understandable information about benefit plans, customer service and accessing health care services.
- Continuity and coordination of medical and/or behavioral health or substance abuse care by participating providers.
- Professional and responsive customer service.
- Timely and complete resolution of customer complaints and appeals.

Members have a right to:

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

Responsibilities of Members

Members have a responsibility to:

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

New Technology Assessment

To ensure that our members have access to safe and effective care, CareFirst BlueChoice has a formal process to review and make decisions regarding new developments in medical technology. We evaluate new medical technologies and the use of existing technologies for inclusion as a covered benefit through a formal review process. We refer to medical personnel, governmental agencies, and published articles about scientific studies in this process.



Definition of Terms

Allowed Benefit

The lesser of the actual charge or the amount CareFirst BlueChoice allows for the service on the date the service is rendered.

Appeal

A protest filed by a member or a health care provider under CareFirst BlueChoice's internal appeal process regarding a coverage decision.

Authorization

The contractual requirement that the provider or member notify and obtain approval from the plan before certain services are covered for a member. Authorization is required for services such as, but not limited to, non-emergency hospitalizations, certain hospital services, skilled nursing care, home health care, outpatient surgical services, and durable medical equipment.

Claim Form

A form obtained from Member Services for reimbursement of covered services paid by the member.

Complaint

A protest filed with the regulatory department involving an adverse decision, coverage decision, appeal decision, or grievance decision.

Coordination of Benefits

A provision which determines the order of benefit determination when a member has health care coverage under more than one plan.

Copayment

A specified amount that the member pays for a covered benefit (e.g., \$10 per office visit to a Primary Care Provider).

Covered Expenses

Amounts that are eligible for benefits by CareFirst BlueChoice, as described in your Evidence of Coverage.

Creditable Coverage

A document necessary to waive any waiting periods, exclusionary amendments or medical underwriting for a person with a pre-existing condition.

Dependent

A member who is covered by CareFirst BlueChoice as the spouse or eligible child of a Subscriber.

Evidence of Coverage

A document reflecting an individual's or group's enrollment agreement with CareFirst BlueChoice.

Exclusions

Specific conditions, treatments, services or circumstances listed in the contract for which CareFirst BlueChoice will not provide benefits.

Health Care Provider

An individual who is licensed or otherwise authorized in this State to provide health care services in the ordinary course of business or practice of a profession, and is a treating provider of the member; or a hospital.

Health Maintenance Organization (HMO)

An organization that provides a wide range of health care service through a PCP who renders or coordinates all of your care to provide you with quality service while reducing medical costs.

HIPAA

Health Insurance Portability and Accountability Act. This Act addresses many tenets of health insurance coverage including the handling of Personal Health Information (PHI) and the Member's ability to receive credit towards his or her waiting period.

Definition of Terms

Member

An individual who meets all applicable eligibility requirements stated in Part 2 of the Evidence of Coverage, is enrolled for coverage, and for whom we receive the premiums and other required payments. A member can be either a subscriber or a dependent.

Network

A group of multi-specialty medical groups and individual practice doctors who are contracted to provide services to members of a health plan.

Practitioner

Professionals who provide health care services. Practitioners are required to be licensed as defined by law.

Preventive Health Care

Care provided to prevent disease or its consequences. It includes programs aimed at warding off illnesses (e.g., immunizations), early detection of disease and inhibiting further deterioration of the body. This includes the promotion of health through altering behavior, especially by health education.

Primary Care Provider

The Plan provider selected by or on behalf of, the member to provide primary care to the member and to coordinate and arrange other required services.

Provider

An individual, institution or organization that provides medical services. Examples of providers include physicians, therapists, hospitals and home health agencies.

Referral

A written authorization by the PCP for the member to see a specialty provider.

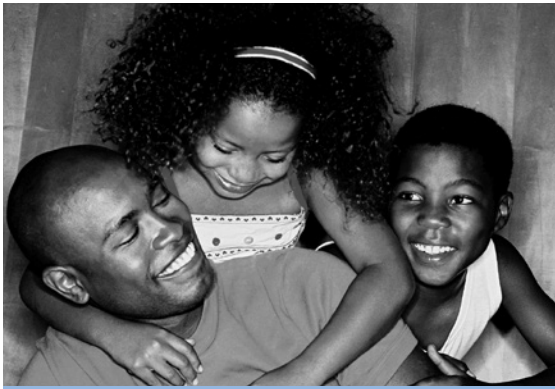
Specialist

A licensed health care provider to whom a member can be referred to by a PCP.

Subscriber

A member who is covered by CareFirst BlueChoice as an eligible employee or member of the group, rather than as dependent.





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Policy Form Numbers

Policy Form Numbers

DC: Group • DC/CFBC/GC (R. 7/10) • DC/CFBC/EOC (R. 6/09) • DC/CFBC/DOCS (R. 6/09) • DC/BC-OOP/SOB (R. 6/09) • DC/CFBC/ATTC (R. 1/10) • DC/CFBC/DOL APPEAL (3/06) • DC/BC-OOP/VISION (R. 6/04) • DC/CFBC/RX3 (R. 12/08) and any amendments.

DC: Direct Bill • DC/CC/UW EOC (3/01) • DC/CFBC/Plan A Schedule (R. 7/07) • DC/CFBC/Plan B Schedule (R. 7/07) • DC/CFBC/Plan C Schedule (R. 7/07) • DC/CFBC/DB/HSA 30-40 (R. 7/07) • DC/CFBC/DOL APPEAL (3/06) • DC/BC-OOP/VISION (R. 6/04) • DC/CFBC/DB/A RX (7/09) • DC/CFBC/DB/B RX (7/09) • DC/CFBC/DB/C RX (7/09) • DC/CFBC/DB/HSA RX (R. 7/09) and any amendments.

MD: MD/CFBC/GC (R. 7/10) • MD/CFBC/EOC (R. 4/08) • MD/CFBC/DOL APPEAL (R. 7/11) • MD/CFBC/DOCS (R. 4/08) • MD/BC-OOP/SOB (R. 4/08) • MD/CFBC/ELIG (R. 7/09) • MD/CFBC/RX3 (R. 7/11) and any amendments.

MSGR: MD/CFBC/MSGR/GC (9/09) • MD/CFBC/MSGR/EOC (R. 7/08) • MD/CFBC/MSGR/DOCS (7/07) • MD/CFBC/MSGR/GS (9/09) and any amendments or riders

Direct Bill: MD/CC/UW EOC (3/01); MD/CC/Plan A Schedule (3/01); MD/CC/Plan B Schedule (3/01); MD/CC/Plan C Schedule (3/01); MD/CFBC/DB/A RX (7/09); MD/CFBC/DB/B RX (7/09); MD/CFBC/DB/C RX (7/09) and any amendments.

VA: VA/CFBC/GC (R. 7/10) • VA/CFBC/DOCS (R. 1/09) • VA/CFBC/EOC (R. 1/09) • VA/BC-OOP/SOB (R. 1/09) • VA/BC-OOP/SOB HDHP (9/06) – used with HRA/HSA plans only • VA/CFBC/DOL APPEAL (R. 8/06) • VA/CFBC/ATTC (R. 1/10) • VA/CFBC/RX3 (R. 12/08) and any amendments.

Dental Policy Form Numbers

DC: DC/BC/DENTAL RIDER (R. 6/09) • DC/BC/DHMO RIDER (7/03) • DC/BC/DHMO RIDER INOUT (7/03) • DC/BC/DHMO SCHBEN 10 CP (R. 10/07) • DC/BC/DHMO SCHBEN 20 CP (R. 10/07) • DC/BC/DHMO RIDER OON SCHED (R. 10/07).
Direct Bill (non-group): DC/BC/DHMO RIDER (7/03) • DC/BC/DHMO SCHBEN 20 CP (R. 10/07)

MD: MD/BC/DENTAL RIDER (4/08) • MD/BC/DHMO RIDER (7/03) • MD/BC/DHMO RIDER INOUT (7/03) • MD/BC/DHMO SCHBEN 10 CP (R. 10/07) • MD/BC/DHMO SCHBEN 20 CP (R. 10/07) • MD/BC/DHMO RIDER OON SCHED (R. 10/07).
Direct Bill (non-group) MD/BC/DHMO RIDER (7/03) • MD/BC/DHMO SCHBEN 20 CP (R. 10/07)

VA: VA/BC/DENTAL RIDER (R. 6/09) • VA/BC/DHMO RIDER (7/03) • VA/BC/DHMO RIDER INOUT (7/03) • VA/BC/DHMO SCHBEN 10 CP (R. 10/07) • VA/BC/DHMO SCHBEN 20 CP (R. 10/07) • VA/BC/DHMO RIDER OON SCHED (R. 10/07)

Vision Policy Form Numbers

DC: DC/BC-OOP/VISION (R. 6/04) • DC/BCOO/VISION (R. 1/06) • CFBC/EXCLUSION-V (9/04)
Direct Bill (non-group): DC/BC-OOP/VISION (R. 6/04) • CFBC/EXCLUSION-V (9/04)

MD: MD/BC-OOP/VISION (R. 6/04) • MD/BCOO/VISION (R. 1/06)
Direct Bill (non-group): MD/BC-OOP/VISION (R. 6/04) • MD/CFBC/EXCLUSION-V (9/04)

VA: VA/BC-OOP/VISION (R. 6/04) • VA/BCOO/VISION (R. 1/06) • CFBC/EXCLUSION-V (9/04).
Direct Bill (non-group): VA/BC-OOP/VISION (R. 6/04) • CFBC/EXCLUSION-V (9/04)

For more information, call Member Services at the
telephone number on your member ID card.



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www.carefirst.com

CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.