



Health Care Options 2020

Faculty and Staff

THE JOHNS HOPKINS UNIVERSITY

Contents

Welcome	1
How Health Insurance Works	2
The Johns Hopkins University CareFirst BlueCross BlueShield Plan.....	3
BlueCard & Blue Cross Blue Shield Global® Core..	4
Benefits Comparison Chart	6
High Deductible Health Plan	9
Patient-Centered Medical Home.....	12
<i>My Account</i>	13
Know Before You Go.....	15
Find Providers and Estimate Treatment Costs ...	17
Health & Wellness	18
Mental Health Support	20
Notice of Nondiscrimination and Availability of Language Assistance Services.....	21

Welcome

Welcome to your plan for healthy living

From preventive services to maintaining your health, to our extensive network of providers and resources, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are there when you need care. We will work together to help you get well, stay well and achieve any wellness goals you have in mind.

We know that health insurance is one of the most important decisions you make for you and your family—and we thank you for choosing CareFirst. This guide will help you understand your plan benefits and all the services available to you as a CareFirst member.

Please keep and refer to this guide while you are enrolled in this plan.

How your plan works

Find out how your health plan works and how you can access the highest level of coverage.

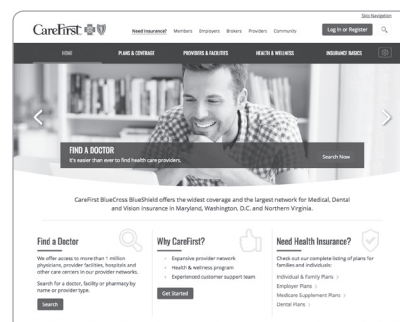
What's covered

See how your benefits are paid, including any deductibles, copayments or coinsurance amounts that may apply to your plan.

Getting the most out of your plan

Take advantage of the added features you have as a CareFirst member:

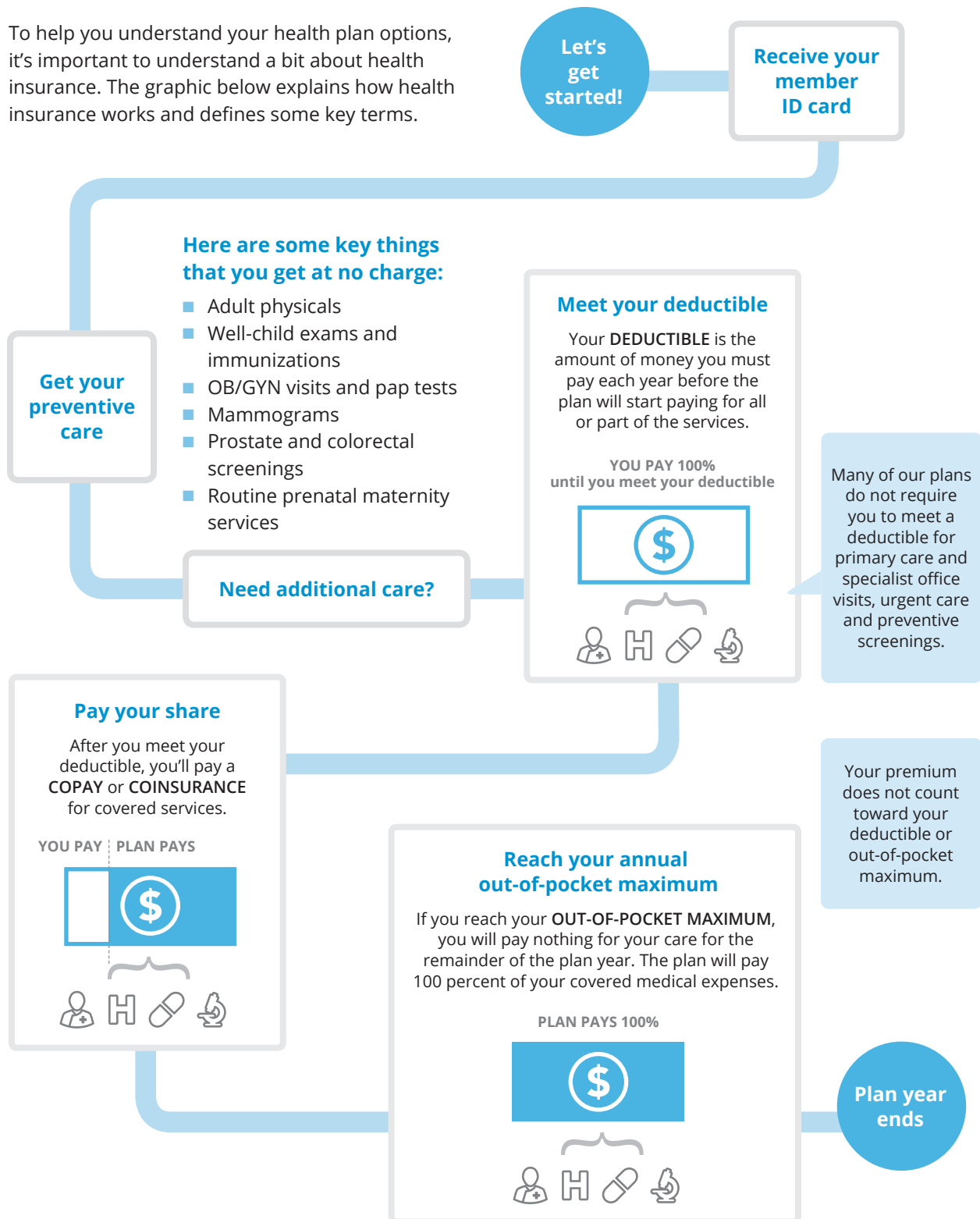
- Wellness discount program offering discounts on fitness gear, gym memberships, healthy eating options and more.
- Online access to quickly find a doctor or search for benefits and claims.
- Health information on our website includes health calculators, tracking tools and podcast videos on specific health topics.
- *Vitality* magazine with healthy recipes, preventive health care tips and a variety of articles.



Visit carefirst.com for up-to-date information on your plan.

How Health Insurance Works

To help you understand your health plan options, it's important to understand a bit about health insurance. The graphic below explains how health insurance works and defines some key terms.



The Johns Hopkins University CareFirst BlueCross BlueShield Plan

This health insurance plan is based on a network of doctors, hospitals (all hospitals in Maryland) and other health care professionals. You have a choice in what providers you wish to use each time you seek medical care.

By using The Johns Hopkins University Special Physician Network, you will receive the greatest level of benefits. By using a provider within the CareFirst Regional Provider Network, you still receive a high level of benefits, but are required to pay some out of your pocket.

By using either of these types of providers, CareFirst's allowed benefit will be the accepted payment amount and these providers will file your claims for you.

If you choose to use a non-participating provider, you may need to file your claim and your out-of-pocket expense will be greater than when using a provider from The Johns Hopkins University Special Physician Network or CareFirst participating provider.

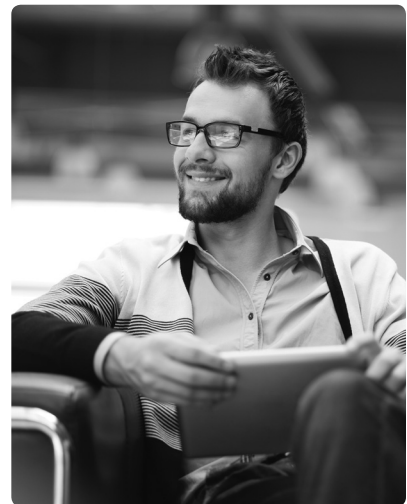
Who is eligible to enroll?

People living in Maryland and all out-of-state eligibles.

Advantages of The Johns Hopkins University CareFirst BlueCross BlueShield Plan

- Freedom of choice.
- Direct access to The Johns Hopkins University's Special Physician Network and all Blue Cross and Blue Shield Preferred Providers across the nation.
- A card that is recognized and travels with you throughout Maryland, the U.S. and worldwide.
- No balance billing when seen by a Johns Hopkins University Special Physician Network or a CareFirst Preferred provider.
- No claims to submit when seen by a network provider.

Your dedicated customer service phone number for medical is 877-691-5856, Monday through Friday, 8:00 am–8:00 pm.



Use doctors that are part of the CareFirst Preferred Provider Network and you will have lower out-of-pocket costs. These doctors have agreed to discount their fees below the CareFirst regularly allowed amount by approximately 10% and these savings are passed on to you.

BlueCard & Blue Cross Blue Shield Global[®] Core

Wherever you go, your health care coverage goes with you

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home, from coast to coast. And with Blue Cross Blue Shield Global[®] Core (BCBS Global[®] Core) you have access to care outside of the U.S.



As always, go directly to the nearest hospital in an emergency.

Your membership gives you a world of choices. More than 93% of all doctors and hospitals throughout the U.S. contract with Blue Cross and Blue Shield plans. Whether you need care here in the United States or abroad, you'll have access to health care in more than 190 countries.

When you're outside of the CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C., and Northern Virginia), you'll have access to the local Blue Cross Blue Shield Plan and their negotiated rates with doctors and hospitals in that area. You shouldn't have to pay any amount above these negotiated rates. Also, you shouldn't have to complete a claim form or pay up front for your health care services, except for those out-of-pocket expenses (like non-covered services, deductibles, copayments, and coinsurance) that you'd pay anyway.

Within the U.S.

1. Always carry your current member ID card for easy reference and access to service.
2. To find names and addresses of nearby doctors and hospitals, visit the National Doctor and Hospital Finder at www.bcbs.com, or call BlueCard Access at 800-810-BLUE (2583).
3. Call the Customer Service number on the back of your member ID card to verify benefits or find out if pre-certification or prior authorization is required.
4. When you arrive at the participating doctor's office or hospital, simply present your ID card.
5. After you receive care, you shouldn't have to complete any claim forms or have to pay up front for medical services other than the usual out-of-pocket expenses. CareFirst will send you a complete explanation of benefits.

Around the world

Like your passport, you should always carry your ID card when you travel or live outside the U.S. The Blue Cross Blue Shield Global® Core program (BCBS Global® Core) provides medical assistance services and access to doctors, hospitals and other health care professionals around the world. Follow the same process as if you were in the U.S. with the following exceptions:

- At hospitals in the BCBS Global Core Network, you shouldn't have to pay up front for inpatient care, in most cases. You're responsible for the usual out-of-pocket expenses. And, the hospital should submit your claim.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care, and other medical services. Then, complete an international claim form and send it to the BCBS Global Core Service Center. The claim form is available online at bcbs.globalcore.com.
- To find a BlueCard provider outside of the U.S. visit bcbs.com, select *Find a Doctor or Hospital*.

Members of Maryland Small Group Reform (MSGR) groups have access to emergency coverage only outside of the U.S.

Medical assistance when outside the U.S.

Call 800-810-BLUE (2583) toll-free or 804-673-1177, 24 hours a day, 7 days a week for information on doctors, hospitals, other health care professionals or to receive medical assistance services. A medical assistance coordinator, in conjunction with a medical professional, will make an appointment with a doctor or arrange hospitalization if necessary.



Visit bcbs.com to find providers within the U.S. and around the world.

Benefits Comparison Chart

The Johns Hopkins University CareFirst BlueCross BlueShield Plan

Benefit	The Johns Hopkins University CareFirst BlueCross BlueShield Plan	
	All Providers	The Johns Hopkins University's Special Physician Network*
ANNUAL DEDUCTIBLE		
	You must pay: \$500 for an individual, \$1,500 for a family. Note: combined deductible for JHU providers and all other providers	
INPATIENT ADMISSION COPAY		
	\$250 copayment per inpatient admission	
OUT-OF-POCKET MAXIMUM		
	Individual: \$2,000/Family: \$6,000. Once out-of-pocket is met, services are paid at 100% of the Allowed Benefit (AB) by CareFirst	
MAJOR MEDICAL LIFETIME MAXIMUM		
	Unlimited	
DEPENDENT ELIGIBILITY		
	Dependent child(ren) are covered until the end of the year in which they turn 26. Legally married spouse, opposite sex domestic partner and same sex domestic partner (if qualified for coverage under Johns Hopkins University Same-sex Domestic Partnership Benefits Policy) may be covered. Coverage may continue for child(ren) up to any age if they cannot support themselves because of a mental or physical disability that occurred before they reached the age limit when coverage would normally end.	
OFFICE VISITS (FOR ILLNESSES)		
	80% of AB after deductible	100% of AB after deductible
PREVENTIVE/WELL CARE (ROUTINE)		
Routine Adult Physical exam—one per calendar year	100% of AB; no deductible	N/A, see All Providers
Immunizations (adult) and mammograms	100% of AB; no deductible	N/A, see All Providers
Routine GYN exam—one per calendar year includes pap smear	100% of AB; no deductible	N/A, see All Providers
Colorectal Screening	100% of AB; no deductible	N/A, see All Providers
Mammography Screening <i>Coverage provided in accordance with the latest guidelines from the American Cancer Society—unlimited visits</i>	100% of AB; no deductible	N/A, see All Providers
Well Child Care <i>Vision and hearing screenings, unlimited immunizations and vaccinations and any and all related pathology services.</i>	100% of AB; no deductible	N/A, see All Providers
INPATIENT BENEFITS		
Includes Room & Board (Semi-Private), Physician, Medical, Surgical and Anesthesia Services, Diagnostic Services, Prescription Drugs, other ancillary services	80% of AB after deductible and inpatient admission copay	N/A, see All Providers
Skilled Nursing Facility	80% of AB after deductible and inpatient admission copay	N/A, see All Providers

AB—Allowed Benefit

Benefits Comparison Chart

Benefit	The Johns Hopkins University CareFirst BlueCross BlueShield Plan	
	All Providers	The Johns Hopkins University's Special Physician Network*
Hospice Care** <i>Includes Bereavement, Family Counseling and Respite Care (certain day limits apply)</i>	Agency 100% of AB; no deductible	N/A, see All Providers
Home Health Care** <i>(certain limits apply)</i>	Agency: 100% of AB; no deductible Practitioner: 80% of AB after deductible	N/A, see All Providers
VOLUNTARY SECOND SURGICAL OPINION		
	100% of AB; no deductible	N/A, see All Providers
OUTPATIENT OFFICE/PROFESSIONAL/ HOSPITAL/FACILITY BENEFITS		
Accidental Injury/Medical Emergency	Hospital/Facility: 100% of AB after \$100 copay, waived if admitted Office/Professional: 80% of AB after deductible	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible
Urgent Care Center	100% of AB after \$50 copay	N/A, see All Providers
Minor/All Surgery <i>(includes hospital based and freestanding surgical centers)</i>	Hospital/Facility: 100% of AB no deductible Physician/Professional: 80% of AB after deductible	Hospital/Facility: N/A, see All Providers Physician/Professional: 100% of AB after deductible
Therapy Services <i>(Physical, Occupational and Speech)</i>	Hospital/Facility: 80% of AB after deductible Office/Professional: 80% of AB after deductible	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible
Radiation/Chemotherapy	Hospital/Facility: 80% of AB after deductible Office/Professional: 80% of AB after deductible	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible
Accupuncture	Hospital/Facility: 80% of AB after deductible Office/Professional: 80% of AB after deductible	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible
Chiropractic	Hospital/Facility: 80% of AB after deductible Office/Professional: 80% of AB after deductible	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible
Preadmission Testing	100% of AB; no deductible	N/A, see All Providers
Diagnostic Services	Hospital/Facility: 80% of AB after deductible Office/Professional: 80% of AB after deductible	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible
MATERNITY BENEFITS		
Pre & Post-natal care	100% of AB; no deductible	N/A, see All Providers
Artificial Insemination** <i>(limited to 6 attempts per live birth)</i>	Hospital/Facility: 80% of AB after deductible Office/Professional: 80% of AB after deductible	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible
In Vitro Fertilization** <i>(3 attempts per live birth and lifetime maximum of \$100,000)</i>	Hospital/Facility: 80% of AB after deductible Office/Professional: 80% of AB after deductible	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible

AB—Allowed Benefit

Benefits Comparison Chart

Benefit	The Johns Hopkins University CareFirst BlueCross BlueShield Plan	
	All Providers	The Johns Hopkins University's Special Physician Network*
CLEFT LIP & PALATE		
Oral Surgery	Hospital/Facility: 100% of AB no deductible Office/Professional: 80% of AB after deductible	Facility: N/A, see All Providers Office/ Professional: 100% of AB after deductible
Orthodontics	Hospital/Facility: 80% of AB after deductible Office/Professional: 80% of AB after deductible	Facility: N/A, see All Providers Office/ Professional: 100% of AB after deductible
Speech Therapy	Hospital/Facility: 80% of AB after deductible Office/Professional: 80% of AB after deductible	Facility: N/A, see All Providers Office/ Professional: 100% of AB after deductible
ADDITIONAL BENEFITS		
<ul style="list-style-type: none"> ■ Medical supplies ■ Orthopedic braces ■ Prosthetic appliances ■ Outpatient private duty nursing 	80% of AB after deductible	N/A, see All Providers
AMBULANCE SERVICES (AIR & GROUND)		
	80% of AB after deductible	N/A, see All Providers
TRANSPLANT COVERAGE**		
Heart, heart-lung, single lung, double lung, liver, pancreas (\$150/day; \$10,000 maximum)	80% of AB after deductible and inpatient admission copay	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible
Cornea, kidney, bone marrow (\$150/day; \$10,000 maximum)	80% of AB after deductible and inpatient admission copay	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible
MENTAL HEALTH AND SUBSTANCE USE DISORDER		
Inpatient	80% of AB after deductible and inpatient admission copay	N/A, see All Providers
Outpatient	80% of AB after deductible	100% of AB after deductible
Partial Hospitalization	80% of AB after deductible	Hospital/Facility: N/A, see All Providers Office/Professional: 100% of AB after deductible
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	80% of AB after deductible	N/A, see All Providers
Hearing Aids for ages 0-18 <i>(limited to 1 hearing aid per hearing impaired ear every 3 years)</i>	Hearing Aid: 100% of AB; no deductible Ancillary Services: 80% of AB after deductible	Hearing Aid: N/A, see All Providers Ancillary Services: 100% of AB after deductible
DENTAL (ACCIDENTAL INJURY ONLY)		
	80% of AB after deductible	N/A, see All Providers
ROUTINE VISION EXAM		
	Benefit provided by JHU at 100%. Appointments must be scheduled by calling 410-955-5080, Monday-Friday, between 8:30 am and 5:00 pm	

AB—Allowed Benefit

* Please note: The Johns Hopkins University's Special Physician Network consists of many JHU School of Medicine physicians. If you need assistance identifying a Johns Hopkins University physician participating in this Special Physician network, please contact the Johns Hopkins Appointment and Referral Service at 410-955-5464.

** These services require our approval before we will reimburse for them. Check the Employee Benefit Guide for more information on plans of treatment and preadmission reviews.

NOTE: This benefit matrix is intended for comparison/informational purposes and is not meant to be a binding contract. If there is a discrepancy between the chart and the contract, the contract will guide coverage.

High Deductible Health Plan

Benefit	High Deductible Health Plan	
	In Network	Out of Network
ANNUAL DEDUCTIBLE		
Individual	\$1,750	\$3,500
Family	\$3,500	\$7,000
ANNUAL OUT-OF-POCKET MAXIMUM		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
DEPENDENT ELIGIBILITY		
	Dependent child(ren) are covered until the end of the year in which they turn 26. Legally married spouse, opposite sex domestic partner and same sex domestic partner (if qualified for coverage under Johns Hopkins University Same-sex Domestic Partnership Benefits Policy) may be covered. Coverage may continue for child(ren) up to any age if they cannot support themselves because of a mental or physical disability that occurred before they reached the age limit when coverage would normally end.	
OFFICE VISITS (FOR ILLNESSES)		
	80% of AB after deductible	60% of AB after deductible
PREVENTIVE/WELL CARE (ROUTINE)		
Routine Adult Physical exam—one per calendar year	Covered in Full	60% of AB, no deductible
Immunizations (adult) and mammograms	Covered in Full	60% of AB, no deductible
Routine GYN exam—one per calendar year includes pap smear	Covered in Full	60% of AB, no deductible
Colorectal Screening	Covered in Full	60% of AB, no deductible
Mammography Screening <i>Coverage provided in accordance with the latest guidelines from the American Cancer Society—unlimited visits</i>	Covered in Full	60% of AB, no deductible
Well Child Care <i>Vision and hearing screenings, unlimited immunizations and vaccinations and any and all related pathology services.</i>	Covered in Full	60% of AB, no deductible
Dermatological Exams	Covered in Full	60% of AB, no deductible
INPATIENT HOSPITAL/PROFESSIONAL/PRACTITIONER SERVICES		
Includes Room & Board (Semi-Private), Physician, Medical, Surgical and Anesthesia Services, Diagnostic Services, Prescription Drugs, and other ancillary services	80% of AB after deductible	60% of AB after deductible
Skilled Nursing Facility (120 days per calendar year)	80% of AB after deductible	60% of AB after deductible
Hospice Care (limited to 180 lifetime days) Includes Bereavement, Family Counseling and Respite Care (certain day limits apply)	80% of AB after deductible	60% of AB after deductible
Organ Transplants (Covered as stated in the Evidence of Coverage - limited to \$150 per day/\$10,000 maximum)	80% of AB after deductible	60% of AB after deductible

High Deductible Health Plan

Benefit	High Deductible Health Plan	
	In Network	Out of Network
OUTPATIENT OFFICE/PROFESSIONAL/ HOSPITAL/FACILITY BENEFITS		
Physician Office Visit (PCP/SPEC)	80% of AB after deductible	60% of AB after deductible
Cardiac Rehabilitation	80% of AB after deductible	60% of AB after deductible
Minor/All Surgery (includes hospital based and freestanding surgical centers)	80% of AB after deductible	60% of AB after deductible
Physical, Occupational and Speech Therapy (combined 90 visits per calendar year)	80% of AB after deductible	60% of AB after deductible
Radiation Therapy, Chemotherapy and Renal Dialysis	80% of AB after deductible	60% of AB after deductible
Acupuncture/Chiropractic (30 visits per calendar year)	80% of AB after deductible	60% of AB after deductible
Preadmission Testing	80% of AB after deductible	60% of AB after deductible
Diagnostic Services (Labs, X-rays and Imaging)	80% of AB after deductible	60% of AB after deductible
Allergy testing, injections and serum	80% of AB after deductible	60% of AB after deductible
Home Health Care** (90 days per calendar year)	80% of AB after deductible	60% of AB after deductible
EMERGENCY SERVICES**		
Urgent Care Center	80% of AB after deductible	60% of AB after deductible
Ambulance (if medically necessary)	80% of AB after deductible	In Network deductible, then 80% of AB
Emergency Care Services: Emergency Room Facility Services	80% of AB after deductible	In Network deductible, then 80% of AB
Emergency Care Services: Emergency Room Physician Services	80% of AB after deductible	In Network deductible, then 80% of AB
MATERNITY BENEFITS		
Preventive Prenatal and Postnatal Office Visits	100% of AB; no deductible	60% of AB; no deductible
Lactation support & counseling; breastfeeding supplies and equipment	100% of AB; no deductible	60% of AB after deductible
Delivery and Facility Services	80% of AB after deductible	60% of AB after deductible
Nursery Care of Newborn	80% of AB after deductible	60% of AB after deductible
Artificial Insemination** (limited to 6 attempts per live birth)	80% of AB after deductible	60% of AB after deductible
In Vitro Fertilization** (3 attempts per live birth and lifetime maximum of \$100,000)	80% of AB after deductible	60% of AB after deductible
BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER		
Inpatient Services (including residential crisis services/halfway house)	80% of AB after deductible	60% of AB after deductible
Inpatient Physician Services	80% of AB after deductible	60% of AB after deductible
Outpatient Services	80% of AB after deductible	60% of AB after deductible
Outpatient Physician Services	80% of AB after deductible	60% of AB after deductible
Office Visits	80% of AB after deductible	60% of AB after deductible
Partial Hospitalization & Physician Services	80% of AB after deductible	60% of AB after deductible
Medication Management	80% of AB after deductible	60% of AB after deductible

High Deductible Health Plan

Benefit	High Deductible Health Plan	
	In Network	Out of Network
MISCELLANEOUS		
Durable Medical Equipment & Supplies	80% of AB after deductible	60% of AB after deductible
Hearing Aids for ages 0-18 (limited to 1 hearing aid per hearing impaired ear every 3 years)	Hearing Aid: Deductible, then no charge Ancillary Services: 80% of AB after deductible	Hearing Aid: Deductible, then no charge Ancillary Services: 60% of AB after deductible
Diabetic Equipment/Supplies	80% of AB after deductible	60% of AB after deductible
Dental (Accidental Injury Only)	80% of AB after deductible	60% of AB after deductible
Hair Prosthesis (medically necessary - One per benefit period not to exceed \$350 per hair prosthesis)	80% of AB after deductible	60% of AB after deductible
CLEFT LIP & PALATE		
Oral Surgery	80% of AB after deductible	60% of AB after deductible
Orthodontics	80% of AB after deductible	60% of AB after deductible
Speech Therapy	80% of AB after deductible	60% of AB after deductible

NOTE: This plan is only open to Faculty and Staff

** Services provided by out-of-network Radiologist, Anesthesiologists, Pathologists and Surgical Assistants will pay the same as in-network

Patient-Centered Medical Home

Supporting the relationship between you and your doctor

Whether you're trying to get healthy or stay healthy, you need the best care. That's why CareFirst¹ created the Patient-Centered Medical Home (PCMH) program to focus on the relationship between you and your primary care provider (PCP).

The program is designed to provide your PCP with a more complete view of your health needs. Your PCP will be able to use information to better manage and coordinate your care with all your health care providers including specialists, labs, pharmacies and others to ensure you get access to, and receive the most appropriate care in the most affordable settings.

Extra care for certain health conditions

If you have certain health conditions, your PCMH PCP will partner with a care coordinator, a registered nurse, to:

- Create a care plan based on your health needs with specific follow up activities
- Review your medications and possible drug interactions
- Check in with you to make sure you're following your treatment plan
- Assist you in obtaining services and equipment necessary to manage your health condition(s)



A PCP is important to your health

By visiting your PCP for routine visits, you build a relationship, and your PCP will get to know you and your medical history.

If you have an urgent health issue, having a PCP who knows your history often makes it easier and faster to get the care you need.

Even if you are young and healthy, or don't visit the doctor often, choosing a PCP is key to maintaining good health.

PCPs play a huge role in keeping you healthy for the long run. If you don't already have a relationship with a doctor, you can begin researching one today!

- To find a PCMH PCP, look for the PCMH logo when searching for primary care providers in our Provider Directory or log in to *My Account* and click *Select/Change PCP* under *Quick Links*.

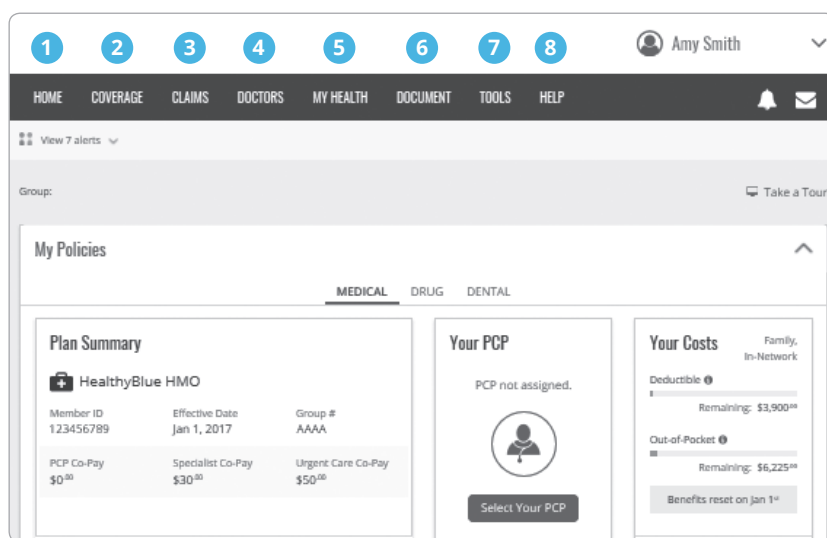
The screenshot shows a search filter interface. At the top left is the CareFirst logo with a shield icon and the text '©PCMH'. To the right of the logo is the text: 'Patient-Centered Medical Home is a program that focuses on the relationship between you and your doctor.' There is a close button 'X' in the top right corner. Below this text are two buttons: 'Only show me PCMH providers' and 'Show me all providers'.

¹ All references to CareFirst refer to CareFirst BlueCross BlueShield and CareFirst, BlueChoice, Inc., collectively.

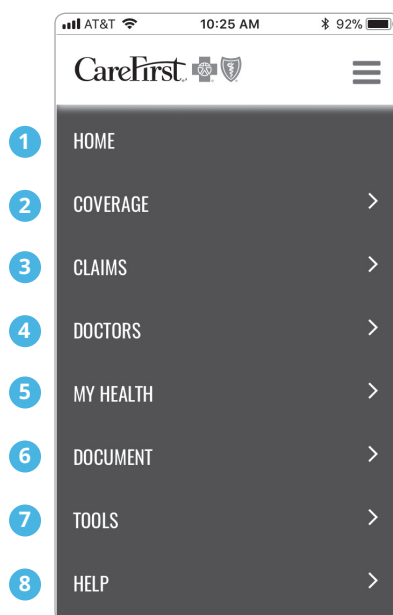
My Account

Online access to your health care information

My Account makes it easier than ever to understand and manage personalized information about your health plan and benefits. Set up an account today! Go to **carefirst.com/myaccount** to create a username and password.



As viewed on a computer.



As viewed on a smartphone.

My Account at a glance

1 Home

- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details including password, username and email, or choose to receive materials electronically
- Send a secure message via the *Message Center*
- Check *Alerts* for important notifications

2 Coverage

- Access your plan information—plus, see who is covered
- Update your other health insurance information, if applicable
- View, order or print member ID cards
- Review the status of your health expense account (HSA or FSA)¹

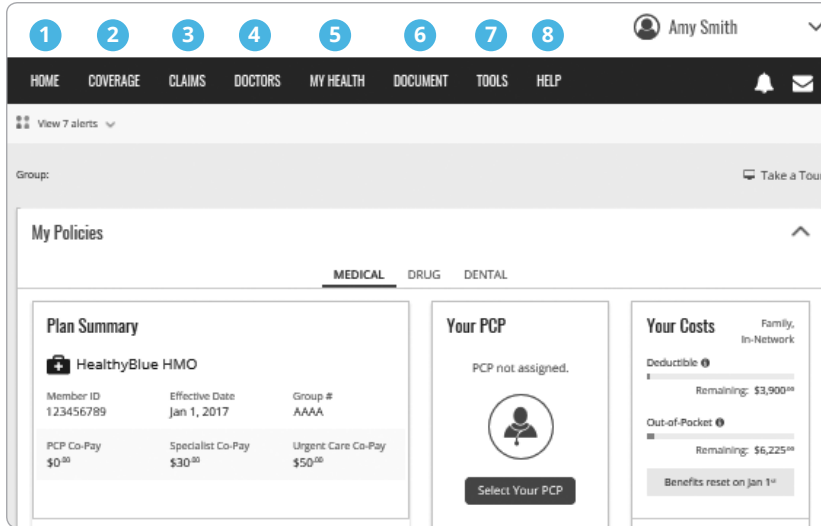
¹ Only if offered by your plan.



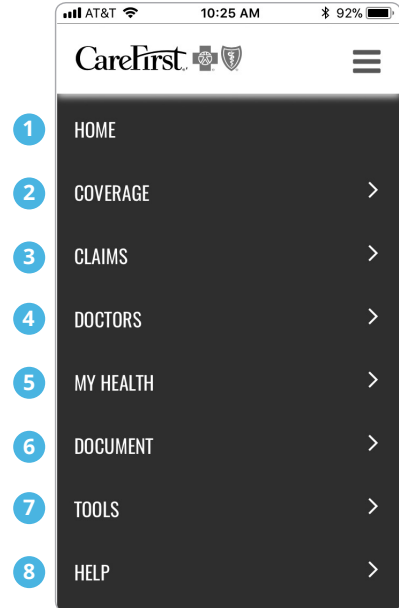
Signing up is easy

Information included on your member ID card will be needed to set up your account.

- Visit carefirst.com/myaccount
- Select *Register Now*
- Create your username and password



As viewed on a computer.



As viewed on a smartphone.

3 Claims

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

4 Doctors

- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options¹
- Track your Blue Rewards progress¹

6 Documents

- Look up plan forms and documentation²
- Download *Vitality*, your annual member resource guide

7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures³

8 Help

- Find answers to many frequently asked questions
- Send a secure message or locate important phone numbers

¹ Only if offered by your plan.

² Only available when using a computer.

³ The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

Know Before You Go

Your money, your health, your decision

Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It's important to understand your options so you can make the best decision when you or your family members need care.*

Primary care provider (PCP)

Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

24-Hour Nurse Advice Line

Call 800-535-9700 anytime to speak with a registered nurse. Nurses will discuss your symptoms with you and recommend the most appropriate care.

CareFirst Video Visit

See a doctor 24/7/365 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pink eye. Visit [carefirst.com/needcare](https://www.carefirst.com/needcare) for more information.

Convenience care centers (retail health clinics)

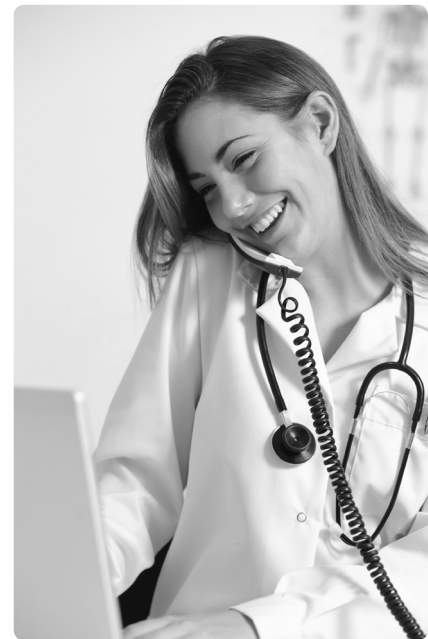
These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

Urgent care centers

Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

Emergency room (ER)

An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.



For more information, visit [carefirst.com/needcare](https://www.carefirst.com/needcare).

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

When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs* may vary for a sample health plan depending on where you choose to get care.

	Sample cost	Sample symptoms	Available 24/7	Prescriptions?
Video Visit	\$20	<ul style="list-style-type: none"> ▪ Cough, cold and flu ▪ Pink eye ▪ Ear pain 	✓	✓
Convenience Care (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$20	<ul style="list-style-type: none"> ▪ Cough, cold and flu ▪ Pink eye ▪ Ear pain 	✗	✓
Urgent Care (e.g., Patient First or ExpressCare)	\$60	<ul style="list-style-type: none"> ▪ Sprains ▪ Cut requiring stitches ▪ Minor burns 	✗	✓
Emergency Room	\$200	<ul style="list-style-type: none"> ▪ Chest pain ▪ Difficulty breathing ▪ Abdominal pain 	✓	✓

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

To determine your specific benefits and associated costs:

- Log in to *My Account* at carefirst.com/myaccount
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

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



Did you know that where you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

PLEASE READ: The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

Find Providers and Estimate Treatment Costs

Quickly find doctors and facilities, review your health providers and estimate treatment costs—all in one place!

Find providers

carefirst.com/doctor

You can easily find health care providers and facilities that participate with your CareFirst health plan. Search for and filter results based on your specific needs, like:

- Provider name
- Provider specialty
- Distance
- Gender
- Accepting new patients
- Language
- Group affiliations

Review providers

Read what other members are saying about the providers you're considering before making an appointment. You can also leave feedback of your own after your visit.

Make low-cost, high-quality decisions

When you need a medical procedure, there are other things to worry about besides your out-of-pocket costs. To help you make the best care decisions for your needs, CareFirst's Treatment Cost Estimator will:

- Quickly estimate your total treatment costs
- Avoid surprises and save money
- Plan ahead to control expenses

Want to see how it works? Visit carefirst.com/doctor today!



Want to view personalized information about doctors in your plan's network? Be sure to log in to *My Account* from your computer, tablet or smartphone.

Health & Wellness

Putting the power of health in your hands

Improving your health just got easier! CareFirst BlueCross BlueShield (CareFirst) has partnered with Sharecare, Inc.* to bring you a new, highly personalized wellness program. Catering to your unique health and wellness goals, our program offers motivating digital resources—accessible anytime—to help you live a healthier life.

Ready to take charge of your health?

Want to find out if your healthy habits are truly making an impact? Take the RealAge® health assessment! In just a few minutes, RealAge will help you determine the physical age of your body versus your calendar age. You'll discover the lifestyle behaviors helping you stay younger or making you age faster and receive insightful recommendations based on your results.

Exclusive features

Our wellness program is full of tailored resources and tools that reflect your own preferences and interests. You get:

- **A personalized health newsfeed:** Receive insights, content and services.
- **Trackers:** Connect your wearable devices to monitor daily habits like sleep, steps, nutrition and more.
- **Challenges:** Having trouble staying motivated? Join a challenge to make achieving your health goals more entertaining.
- **A health profile:** Access your important health data like biometric information, vaccine history, lab results and medications all in one place.



Download the mobile app to access wellness tools and resources whenever and wherever you want.

*Sharecare, Inc. is an independent company that provides health improvement management services to CareFirst members.

Specialized programs

The following programs can help you focus on specific wellness goals.

Health coaching

You may receive a call or email inviting you to participate in health coaching. Coaches are registered nurses and trained professionals who provide one-on-one support to help you reach your wellness goals. If you are contacted, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

Weight management program

If you are age 18 or older, have a body mass index (BMI) of 30 or greater and are looking to lose weight, our weight management program offers a personalized solution for long-term weight loss.

Tobacco cessation program

Quitting smoking and other forms of tobacco can lower your risk for many serious conditions from heart disease and stroke to lung cancer. Our program's expert guidance, support and wealth of tools make quitting easier than you might think.

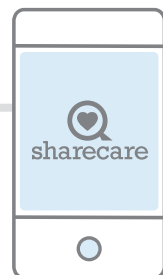
Financial well-being program

Learn how to take small steps toward big improvements in your financial situation. Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, our financial well-being program can help.

Additional offerings

- **Wellness discount program**—Sign up for Blue365 at carefirst.com/wellnessdiscounts to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.
- **Vitality magazine**—Read our member magazine which includes important plan information at carefirst.com/vitality.
- **Health education**—View our health library for more health and well-being information at carefirst.com/livinghealthy.

To get started, visit carefirst.com/sharecare. You'll need to enter your CareFirst account username and password and complete the one-time registration with Sharecare to link your CareFirst account information. This will help personalize your experience.



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

Mental Health Support

Well-being for mind and body

Living your best life involves good physical and mental health. Emotional well-being is important at every stage in life, from adolescence through adulthood.

It's common to face some form of mental health challenge during your life. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are here to help. Our support team is made up of specially trained service representatives, registered nurses and licensed behavioral health clinicians, ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

When mental health difficulties arise for you or a loved one, remember you are not alone. Help is available and feeling better is possible.

CareFirst members have access to specialized services and programs for depression, anxiety, drug or alcohol dependence, eating disorders, and other mental health conditions.



*If you are in crisis,
help is available 24/7
at 800-245-7013.*

If you or someone close to you needs support or help making an appointment, call our support team at 800-245-7013, Monday-Friday 8 a.m.–6 p.m. ET. Or for more information, visit carefirst.com/mentalhealth.

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>.

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

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their 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) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtẹ̀tílẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèé. Àwọn omo-egbé gbòdò pe nóm̀bà fòdùn tò wà léyìn káàdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí títí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbà tí a sọjú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì so ọ̀ pò mò 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 đối thoại cho đến khi được nhắc 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.

Notice of Nondiscrimination and Availability of Language Assistance Services

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 फ़ोन 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।

Bàsɔ̀-wùdù (Bassa) Tò Dùù Cáo! Bǎ̀ nǎ̀ kè bá nyo bě ké m̄ gbo kpá bó nì fùà-fúá-tiǎ̀ nyɛɛ jè dyí. Bǎ̀ nǎ̀ kè bédé wé jéé bě bē m̄ ké dɛ wa m̄ m̄ ké nyuɛɛ nyu hwè bē wé bēá ké zi. ɔ̀ m̄ nì kpé bē m̄ ké bǎ̀ nǎ̀ kè kè gbo-kpá-kpá m̄ m̄óɛ dyé dé nì bídí-wùdù mú bē m̄ ké se wídí dò péé. Kpoò nyo bē m̄ dǎ́ fúùn-nòbà nǎ̀ dé waa I.D. káàò dɛín nyɛ. Nyo tòò séín m̄ dǎ́ nòbà nǎ̀ kè: 855-258-6518, ké m̄ m̄ fò tee bē wa kée m̄ gbo cɛ́ bē m̄ ké nòbà m̄à 0 kɛɛ dyi pàdàin hwè. ɔ̀ jù ké nyo dò dyi m̄ gǎ́ jǎ̀n, po wuɖu m̄ m̄ó pòɛ dyiɛ, ké nyo dò mu bó niin bē ɔ̀ ké nì wuɖu mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে 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 দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو 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 خرچہ 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 دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره 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 مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين 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。會員請撥打印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。

Notice of Nondiscrimination and Availability of Language Assistance Services

Igbo (Igbo) Nrụbama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejikọ gi na onye okowa 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 아닌 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 íł hane'ígíí bii' dahólq bee éédahózin béeso ách'áq̄h naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisíí yoolkáálígíí dóó t'áadoo le'é ádadoolyííllígíí da yókeedgo t'áa doo bee e'e'aahí ájiil'íh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáłta' éi koji' dahódoonih 855-258-6518 dóó yii diilts'íłt' yaltí'ígíí t'áa níléijí áádóó éi bikéé'dóó naasbaas bił adidiilchił. Áká'ánidaalwó'ígíí neidiitáq̄go, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowoł.

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BRC5292-9N (11/19)