

The Benefits of Blue



BluePreferred

*Why don't **you** have it?*

Take control
of your health
care coverage.

*Health Care Coverage for residents of Maryland
who buy their own health insurance.*

BluePreferred

*A health insurance plan that leaves
the important choices up to you.*



Why Don't You Have Health Insurance?

Too busy to make the arrangements?

Think you can't afford it?

It's a fact. For the cost of many of the things you buy each day, you can have the security and peace of mind of health coverage.

BluePreferred, a health plan from CareFirst BlueCross BlueShield (CareFirst) combines the freedom to select any doctor or specialist, ***even without a referral***, with the flexibility to customize your plan based on the cost options that you select. And to help you control those out-of-pocket costs, we offer you significant savings when you visit a doctor within the CareFirst Preferred Provider Network.

BluePreferred offers you:

- ◆ **Maximum flexibility** – four benefit levels to choose from – so you can find a plan that's right for you!
- ◆ **Freedom to choose any doctor or hospital** – no referrals to delay your visit to a specialist – you just make the appointment.
- ◆ **A Preventive Care package** that saves you money with predictable \$25 copays for preventive services – and no deductible to meet – when you visit Preferred Providers!
- ◆ **Major Medical coverage** with a \$2,000,000 policy maximum – to protect you against the high cost of a lengthy illness.
- ◆ **Little or no paperwork** when you visit CareFirst Preferred or Participating Providers.
- ◆ **Easy access to your benefits** with Blue Cross Blue Shield *BlueCard*® Program – your direct link to healthcare services nationwide.
- ◆ **Security of knowing that you're protected** by one of the state's leading health care insurers protecting individuals who buy their own insurance.

For more than 70 years, CareFirst has provided its members with protection against the high cost of health care. We offer health insurance options to meet the needs and budget of individuals who purchase their own insurance.

Questions? Call us toll free at 1-800-544-8703
or call your insurance broker

Lower Your Expenses

CareFirst provides you with access to more than 24,000 providers and 42 hospitals in the Washington, D.C. Metropolitan service area who participate in our *Preferred Provider Organization*. When you choose to seek your care from one of these providers, CareFirst is able to offer you lower deductibles and coinsurance. Ask your doctor if he or she is a member of our PPO plan, check our web site at www.carefirst.com, or call us directly at **1-800-544-8703** for an up-to-date list of providers.

Of course, BluePreferred also offers you the flexibility to select any doctor – either in or out of the CareFirst network. If you decide to go out-of-network for any covered services, you will simply share more of the costs, in the form of higher coinsurance and deductibles.

What are the benefits of selecting an in-network doctor?

- ◆ **Lower Out-of-Pocket Costs** – When you receive services from CareFirst Preferred Providers, or in-network doctors, you will be responsible for a lower deductible and lower coinsurance amounts.
- ◆ **Preventive Care** – BluePreferred helps keep you and your family healthy with well-child care (up to age 18), adult preventive exams and routine GYN visits which are available at one low copay with no deductible to meet. Plus, cancer screenings are covered in full.
- ◆ **No Paperwork** – Your doctor will file your claims directly with CareFirst, which means little or no paperwork for you.
- ◆ **No Balance Billing** – Your provider agrees to accept the Preferred Provider Allowed Benefit as payment in full for covered services after you pay any applicable copayment or coinsurance. The Preferred Provider Allowed Benefit is the pre-negotiated fee agreed to by both the doctor and CareFirst. This means no unexpected costs to you.

How is an out-of-network doctor different?

Freedom – One of the biggest benefits of BluePreferred is that you actually *can* select any doctor you choose. Unlike some managed care plans in which you select a single primary care physician to manage your care, BluePreferred gives you the option to seek care on your own from physicians and specialists *outside* of the network. Of course, this option will require you to share more of the costs, in the form of higher coinsurance and deductibles.

Can I go “out-of-network” and still save money?

Yes. Some out-of-network providers are CareFirst Participating Providers, which means that they have a special agreement with CareFirst regarding how much they charge. This agreement may limit the amount you owe, but you will still be responsible for your deductible and coinsurance amounts up to the out-of-network Allowed Benefit.

Plus, just present your CareFirst BlueCross BlueShield card and your CareFirst Participating Provider will file your claim for you.

What if I choose to see an Out-of-Network Non-Participating Provider?

That’s what makes BluePreferred so desirable – It’s so flexible! If you choose to visit an out-of-network, Non-Participating Provider, you will be required to pay the out-of-network deductible and coinsurance amounts, and you will also be responsible for filing the necessary paperwork. In addition, you will be responsible for paying the price difference between CareFirst’s Allowed Benefit and what the provider actually charges, also called balance billing.

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You Choose the Coverage Level Right for You

As a member of the BluePreferred plan, you can choose the personal health care program that’s right for you – and your budget. The more you share in the cost of the coverage through higher deductibles and coinsurance payments, the lower your monthly premium.

This is how BluePreferred makes health care coverage help to fit your budget – by letting you decide how much of the plan’s cost you want to share through deductibles and coinsurance. Refer to the chart below and the rate charts included in this package to help you make your decision.

Deductibles, Coverage Levels and Out-of-Pocket Maximums Per Individual:

Your Deductible		Your Coverage Level		Your Out-of-Pocket Maximum	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$100	\$300	90%	70%	\$2,500	\$5,000
\$300	\$500	90%	70%	\$2,500	\$5,000
\$300	\$500	80%	60%	\$2,500	\$5,000
\$500	\$750	80%	60%	\$2,500	\$4,000

It’s very important to note that your out-of-pocket maximum includes your deductible and most coinsurance payments.

How the Plan Works

- ◆ You pay the deductible when applicable – **Remember, no deductible is required for preventive care provided by an in-network doctor.**
- ◆ Once the deductible has been met, BluePreferred pays a percentage (90%, 80%, 70% or 60%) of the allowed amount. This is the coverage percentage that you initially selected.
 - When you visit any CareFirst Participating Provider, after you meet the deductible, you only pay the associated coinsurance.
 - If you visit an out-of-network, non-participating provider you will not only be responsible for the coinsurance, but also for paying the difference between CareFirst's Plan Allowance and what the provider actually charges.
 - Each member must meet their individual deductible, though families never pay more than two times the individual deductible.
- ◆ Unlike many other plans, your deductible is included as part of your out-of-pocket maximum, which is the maximum a person on your policy spends towards coinsurance and deductibles per year.
- ◆ Members are responsible for their coinsurance until they reach the out-of-pocket calendar year maximum.
- ◆ Once your out-of-pocket maximum is reached, BluePreferred pays 100% of the allowed amount for most covered services.
- ◆ Prescription drug benefits are subject to separate deductibles, copayments, and maximums.
- ◆ A family never has to meet more than two individual out-of-pocket maximums per calendar year. An individual family member cannot contribute more than the individual out-of-pocket limit toward meeting the family out-of-pocket limit.

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In-Network Benefits at a Glance

Benefit	Covered	You Pay
Well-Child Care, up to age 18	✓	\$25 (no deductible)
Mammograms, Pap Tests and PSAs (cancer screenings)	✓	\$0
Adult Preventive Physical Exams	✓	\$25 (no deductible)
Allergy Shots	✓	\$5 (no deductible)
OB/GYN Preventive Care	✓	\$25 (no deductible)
Physician Office Visits	✓	\$25 (no deductible)
Emergency Care – Emergency Room	✓	\$50 copay (deductible and coinsurance)
365 Days Hospitalization per year	✓	Your selected coinsurance percentage (after deductible)
Inpatient Physician Services	✓	Your selected coinsurance percentage (after deductible)
Inpatient/Outpatient Surgery	✓	Your selected coinsurance percentage (after deductible)
Diagnostic Tests and X-rays	✓	Your selected coinsurance percentage (after deductible)
Annual Routine Eye Exam	✓	\$10 (no deductible)
Physical Therapy	✓	Your selected coinsurance percentage (after deductible)
Prescription Drugs*	✓	\$100 deductible \$10 Generic copay \$25 Preferred Brand copay \$45 Non-Preferred Brand copay \$1,500 annual benefit maximum

* Prescription drug benefits are subject to separate deductibles, copayments and maximums. Generics must be chosen when available or an additional expense will be incurred. Self-injectable drugs, excluding infertility drugs and agents, are covered at a 50% coinsurance up to a maximum copay of \$75 per covered injectable medication and are subject to the annual maximum benefit. All covered infertility drugs and agents are covered at a 50% coinsurance up to the medical lifetime maximum benefit of \$100,000 for covered infertility services and are not subject to the \$1,500 annual benefit maximum.

Note: If you use a provider who does not participate with any Blue Cross and Blue Shield plan, you will be responsible for any applicable deductible, copayment and coinsurance plus charges over the Allowed Benefit.

Prescription Drug Program

Your BluePreferred coverage includes a 3-Tier Prescription Drug Program, designed to combat rising drug costs that drive up your premiums and overall healthcare costs. The Prescription Drug Program covers both non-maintenance and maintenance prescription drugs dispensed by a retail pharmacy or the Walgreens mail service pharmacy. You can use this coverage at more than 59,000 participating pharmacies – including chains and independent pharmacies – nationwide. And, by visiting a participating pharmacist there are no claims to file.

What's more, if you take maintenance medications over an extended period of time, your Prescription Drug Program offers you a way to save time. You no longer have to make up to three trips to the pharmacy to get a 90-day supply of maintenance drugs. With one visit and three copays, you can get a 90-day supply of maintenance drugs (or a 60-day supply with two copays). And, the convenience doesn't stop there. Our mail order service offers you an easy way to have your prescriptions filled without having to go to the pharmacy at all which may save you time.

Vision Care Services

BluePreferred offers you eye care benefits as part of your medical plan, through our network administrator, Davis Vision, Inc. For annual routine eye examinations, just call and make an appointment with one of the participating providers and pay the \$10 copay at the time of service. Additionally, through Davis Vision, you receive discounts of approximately 30% on eyeglass lenses and frames or contact lenses. *For medical eye care, please follow your normal medical procedures.*

Optional Maternity and Prenatal Coverage

You may also choose to add maternity and prenatal care coverage to your policy (for yourself or your covered spouse). For an additional \$126 a month, you will receive benefits for covered pre-and post-natal care as well as covered services associated with the delivery. If you add maternity coverage at any time following your initial enrollment in BluePreferred, there will be a 10-month waiting period for maternity benefits.

Bluecard® Program Features

Taking your benefits with you when you travel.

With BluePreferred, getting access to care while out of town is as easy as presenting your CareFirst identification card. Providers, hospitals and urgent-care facilities who participate with the local Blue Cross Blue Shield PPO plan – wherever you are in the U.S. – will recognize and honor your card. Need help finding a provider? Just call the BlueCard phone number listed on your CareFirst ID card for personal assistance.

When You Need Care

CareFirst's Care Management Program helps you to receive necessary care in the most appropriate setting. The Care Management Program is administered by registered nurses and board-certified practitioners who will work with you and your providers. The purpose of the program is to promote your ongoing good health, while reviewing the medical necessity of treatments according to a nationally accepted set of criteria. As such, you'll become more involved in the management of your health care needs through the following:

- ◆ **Inpatient Hospital Care:** Anytime you face non-emergency surgery or hospitalization, this must be pre-authorized to determine if the hospital is the most appropriate place for your procedure and recovery. To receive benefits your hospitalization must be authorized by CareFirst. The CareFirst Preferred Provider who admits you to the hospital is responsible for obtaining the authorization for your care. When the admitting physician does not participate in the CareFirst Preferred Provider Network or the admission is to an out-of-area facility, you are responsible for obtaining precertification from CareFirst.
- ◆ **Concurrent Review and Discharge Planning:** After your hospital admission has been authorized, the Care Management nurse will review your admission to determine if additional inpatient hospital days are medically necessary. Your physician will coordinate with a hospital representative and the Care Management nurse to determine the need for additional hospital days.
- ◆ **Other Prior Authorization:** Before receiving services such as home health care, hospice care, skilled nursing services or outpatient hospital procedures, your CareFirst Preferred Provider will coordinate with CareFirst regarding precertification requirements. If your service or procedure is with a provider who does not participate with CareFirst, you must call CareFirst to coordinate precertification.

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- ◆ **Case Management:** This voluntary program works with patients who have serious illnesses, chronic conditions, and complex health care needs. It helps patients receive needed care by working with the patient, family, and medical team to develop the best treatment plan. Case managers are specially trained nurses who can help patients make the best use of their coverage, and can arrange and coordinate care in an appropriate setting to meet the needs of the patient and family.

“Options” Discount Program

The advantages of carrying the CareFirst BluePreferred card go beyond the benefits listed in the enclosed benefits chart. The CareFirst card entitles you to discounts on alternative therapies and health and wellness programs such as chiropractic, acupuncture, massage, yoga, Pilates, tai chi, qi gong, guided imagery, nutritional counseling, and fitness centers. Additionally, the program offers discounts on Weight Watchers® Online, mail order contacts, laser vision correction, hearing aids, and eldercare management.

Since this program is in addition to your medical plan, rather than a benefit, there are no claim forms, referrals or paperwork to complete. We see this as a way for our members to tap into health and wellness practitioners at discounted rates. To find out more, visit our website at www.carefirst.com.

Health Information on the Internet

Visit CareFirst at www.carefirst.com for your own on-line, interactive guide to health topics. Called *My Care First*, this site offers information on nutrition, fitness, chronic illnesses, mental health, and much more. You'll also find support if you're trying to lose weight, manage stress, manage blood pressure or are new parents. *My Care First* covers the latest developments in medicine and health. Check it out to learn how you can maintain a healthier lifestyle.

Frequently Asked Questions

Q: *Can I choose my own physician?*

A: Yes. You have the freedom to select any doctor or hospital. And you can still save on out-of-pocket expenses by using either our Preferred or Participating Provider Networks. To view a listing of BluePreferred or CareFirst Participating Providers who automatically file claims for you and will not balance bill you, please visit us on the web at www.carefirst.com. (For more information on balance billing, please read the FAQ on this page titled “What is balance billing and how does it affect my out-of-pocket costs?”)

Q: *What types of health costs should I expect?*

A: BluePreferred requires you to first pay your pre-chosen deductible before the insurance will pay. This deductible will vary depending on whether you visit an in-network or out-of-network doctor. Once the deductible is met you pay a coinsurance for most visits and procedures, which is a percentage of the total cost of the visit – this also varies depending on whether you visit an in-network or out-of-network doctor. (**Please note:** Many BluePreferred preventive care benefits are covered even before you meet your deductible when you visit an in-network doctor.)

Q: *What is balance billing and how does it affect my out-of-pocket costs?*

A: As a member of BluePreferred you have the option to visit doctors who do not participate with CareFirst. In addition to your coinsurance, you are also responsible for whatever amount the doctor charges over and above CareFirst’s negotiated amount (also called the Allowed Benefit) for the procedure.

For example, if the cost of a procedure is \$100, CareFirst’s negotiated amount for that procedure, when provided by a Participating Provider, may only be \$60. Should you choose to use a Non-Participating Provider, you would be responsible for the \$40 difference between the doctor’s actual charge and CareFirst’s Allowed Benefit.

Q: *Is preventive care covered?*

A: Yes. BluePreferred coverage includes a package of preventive care benefits for only \$25 per doctor visit – and you don’t have to

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meet your deductible first – when you see an in-network doctor. Plus, cancer screenings are covered at 100% when you seek care from an in-network doctor.

Q: *When does coverage begin?*

A: Coverage begins the first day of the month following the date you're approved and is contingent upon receipt of payment.

Q: *What about waiting periods?*

A: There is a ten-month waiting period for pre-existing conditions.

Q: *What is medical underwriting and how long does it take?*

A: Medical underwriting is a systematic process that insurers use to evaluate information about a health insurance applicant. An underwriter at CareFirst carefully reviews the answers you provide to the health questions in your application. In addition, we may review past claims history on file, if applicable, and any medical reports completed by physicians. Based on this information we may approve the application at the requested rate or a higher rate, deny the request for coverage or deny coverage for a particular applicant. The review process typically takes 4-6 weeks.

Additional Coverage Options

Coverage Available from CareFirst BlueCross BlueShield

- ◆ **Personal Comp**** – A traditional indemnity plan that gives you complete freedom to choose any doctor or hospital.
- ◆ **BluePreferred-Saver**** – A Preferred Provider Organization that lowers your premium with three high-deductible options.
- ◆ **MediGap-65** – Traditional coverage to supplement your Medicare policy. For more information about this plan, please call our Product Specialists toll free at **1-800-275-3802**.

Other Coverage Available

- ◆ **CareFirst BlueChoice** & BlueChoice-Saver**** – Flexible HMO coverage offering four plans including a low-premium option (offered by an affiliated HMO).

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

** Medical questionnaire must be completed.

It's Easy to Apply

To be eligible for BluePreferred coverage, each family member applying for coverage must be a resident of Maryland and complete a medical questionnaire.

Just follow these easy steps to apply for BluePreferred.

1. Choose what type of coverage you need.

Individual

Individual and Child(ren)*

Individual and Adult**

Family - Two eligible adults and eligible dependent(s)

* "Child" means your unmarried, *eligible* child up to age 23. Eligibility requirements are defined in the BluePreferred contract.

**"Adult" means the spouse of the subscriber or the domestic partner of the subscriber who resides with the subscriber and satisfies the eligibility requirements defined in the BluePreferred contract. The subscriber and domestic partner may not share a blood or familial relationship, and must have share a common legal residence continuously for at least six (6) months prior to applying for coverage.

If you have questions about eligibility, please call our Product Specialists at **1-800-544-8703**.

2. Choose the plan that fits your needs using the BluePreferred Deductibles, Coverage Levels and Out-of-Pocket Maximums chart on page 5.

3. Locate your monthly premium using the rate charts enclosed.

4. Complete the enclosed application. Please make sure that all information is complete and accurate. This will help speed up the application process.

◆ Make sure you check "Yes" in the Maternity benefit selection area if you wish to include benefits for Maternity services.

◆ Also, you must sign and date the application.

5. Send no money now. You'll receive an invoice when your coverage is approved.

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We begin processing your application as soon as it is received. The review process typically takes 4-6 weeks. Once you have submitted your application, you can call the BluePreferred Application Status Hotline toll free at **1-877-746-7515** for a status report on your application.

**Don't spend another day without coverage from
CareFirst BlueCross BlueShield.**

Send your application today!

If you have any questions, call us toll free at

1-800-544-8703

**Or, apply online using Individual Express at
www.carefirst.com/eSales**

Take control of your
health care coverage.
Call 1-800-544-8703 today!

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

Policy Form Numbers: IEA OE/DP MD, DOCS-PPO/M,
CMM/MM ATTB, C-DP 1/95, BPMMDAP (11/03),
MD/CF/IND RX3 (1/03) and any amendments.



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