



Health Care Options 2012-2013



Welcome to a healthy relationship.

One where everyone is committed to keeping you healthy.

You take steps to live well, exercise regularly and eat well. And see your primary care doctor early enough to catch problems when they are most treatable.

Your Doctor, who knows you best, understands how to keep you well, and if you get sick, can get you back on the road to good health.

CareFirst , there when you need us most. And there every day encouraging a healthy lifestyle and an active relationship with your primary care doctor.

You + Your Doctor + CareFirst 
a healthy relationship

Welcome

Welcome to your plan for healthy living.

We know how important prevention, healthy living, early detection and early treatment are to you. It's one of the many advantages of having CareFirst BlueCross BlueShield. We will work with you to help you maintain a healthy lifestyle, prevent illness and seek care when you need it.

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

Please keep this guide – the information will be useful to you as long as 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.

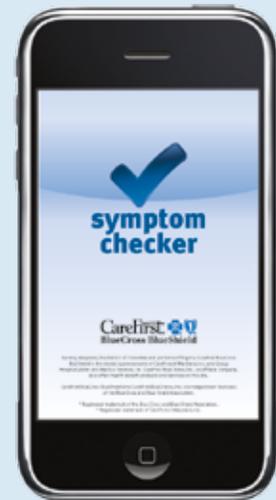


Getting the Most out of Your Plan

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

- Options discount program offering discounts for alternative therapies, gym memberships, weight loss and hearing care.
- Online access to quickly find a doctor or search for benefits and claims.
- *My Care First* wellness website with health calculators, tracking tools and podcast videos on specific health topics.
- Vitality magazine with healthy recipes, preventive health care tips, and articles on nutrition, physical fitness, and stress management.

New! Symptom Checker iPhone App



- Find out when you can manage symptoms at home and when to seek medical care.
- Locate the nearest emergency room and urgent care facility.
- Look up the prescribed dosage of common over-the-counter medicines for children.
- And more!

What's Happening Effective 7/1/2012?



- POS members no longer need referrals to receive care from an in-network Specialist.
- New ID cards will be issued to all members regardless of product.
- \$30 copayments for Specialists and Urgent Care Centers.
- \$75 copayment for Emergency Room facility plus \$75 Emergency Room physician.
- No change to Primary Care Provider copayment.
- PPO and POS plans pay 90% of allowed benefit in-network and 70% of allowed benefit out-of-network for services not associated with a copayment.
- Annual out-of-pocket maximums added to in-network services to protect you from financial hardship (see enclosed Benefit Chart for details).

Important Phone Numbers

State of Maryland Customer Service

(800) 225-0131

TTY: Maryland Only – 711

Outside Maryland – (800) 735-2258

Owings Mills (Walk-in service only)	Monday – Friday 8:30 a.m. – 4:30 p.m. 10802 Red Run Blvd. Owings Mills, MD 21117
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Annapolis District Office	Monday – Friday 8:30 a.m. – 4:30 p.m. 151 West Street, Suite 101 Annapolis, MD 21401 (410) 268-6488
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Cumberland District Office	Monday – Friday 8:30 a.m. – 4:30 p.m. 10 Commerce Drive Cumberland, MD 21502 (301) 724-1313 (301) 245-4215 (Oakland extension)
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Easton District Office	Monday – Friday 8:30 a.m. – 4:30 p.m. 301 Bay Street, Suite 401 Easton, MD 21601 (410) 822-1850
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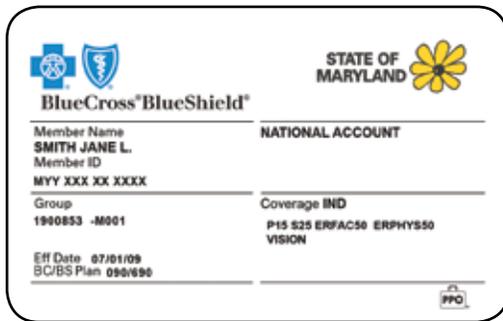
Frederick District Office	Monday – Friday 8:30 a.m. – 4:30 p.m. 110 Baughman’s Lane, Suite 100 Frederick, MD 21702 (301) 663-3138
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Hagerstown District Office	Monday – Friday 8:30 a.m. – 4:30 p.m. 182 – 184 Eastern Blvd. Hagerstown, MD 21740 (301) 733-5995
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Salisbury District Office	Monday – Friday 8:30 a.m. – 4:30 p.m. 224 Phillip Morris Drive, Suite 106 Salisbury, MD 21804 (410) 742-3274
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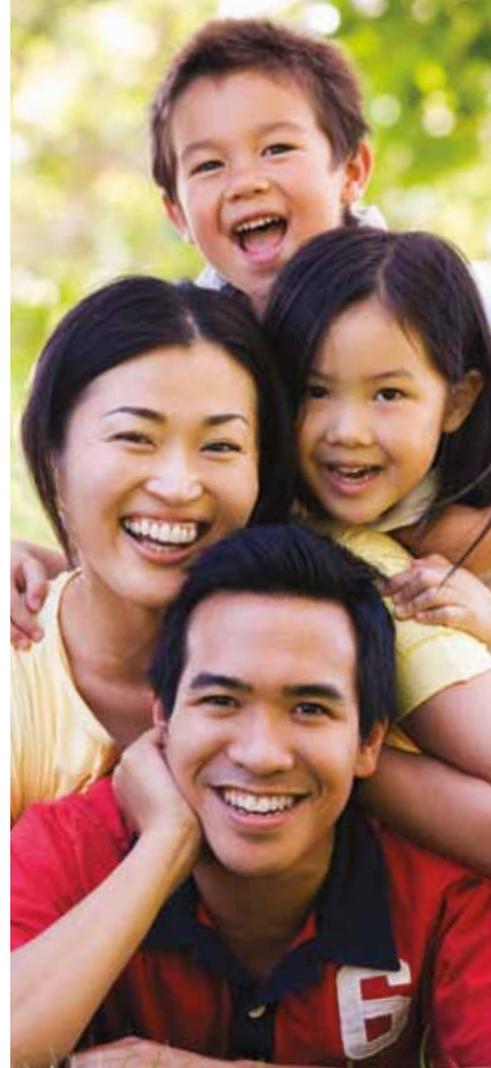
Preferred Provider Organization (PPO)

Designed for today's health conscious and busy families, the Preferred Provider Organization (PPO) plan offers one less thing to worry about during your busy day. Your PPO plan gives you the freedom to visit any provider you wish – any time you wish. This means you can receive care from the provider of your choice without ever needing to select a primary care provider (PCP) or obtaining a PCP referral for specialist care.



Benefits of PPO

- Access to our network of more than 23,000 doctors, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- Enjoy the freedom to visit providers outside of the PPO network and still be covered but with a higher out-of-pocket cost.
- No primary care provider required, and no referrals to see a specialist.
- Take your health care benefits with you – across the country and around the world.
- No copay for in-network preventive visits.



No referrals.
No PCPs.
Coverage anywhere.

Preferred Provider Organization (PPO)

How Your Plan Works

In-network vs. Out-of-network Coverage

The amount of coverage your PPO plan offers depends on whether you see a provider in the PPO network. You will always receive a higher level of benefits when you visit a preferred provider. However, the choice is entirely yours. That's the advantage of a PPO plan.

In-network benefits provide a higher level of coverage. This means you have lower out-of-pocket costs when you choose a preferred provider. If you are out of the CareFirst BlueCross BlueShield (CareFirst) service area, you have the freedom to select any provider that participates with a Blue Cross and Blue Shield PPO plan across the country and receive benefits at the in-network level.

Out-of-network benefits provide a lower level of coverage in exchange for the freedom to seek care from any provider you choose. If you receive services from a provider outside of the PPO network (non-preferred provider), you may have to:

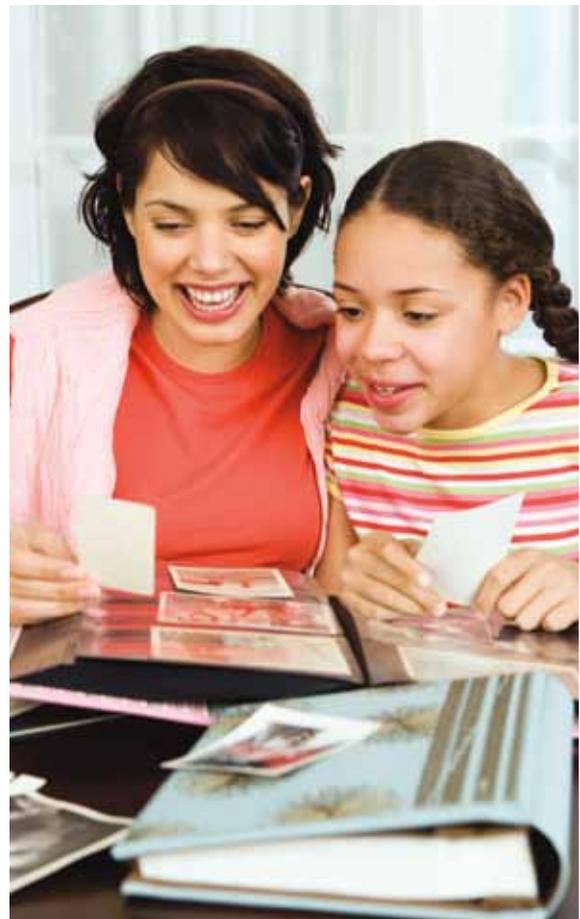
- Pay the provider's actual charge at the time you receive care.
- File a claim for reimbursement.
- Satisfy a higher deductible and/or coinsurance amount.

Hospital Authorization/ Utilization Management

Preferred providers will obtain any necessary admission authorizations for in-area covered services. You will be responsible for obtaining authorization for services provided by non-preferred providers and out-of-area admissions. Call toll-free at (866) 773-2884.

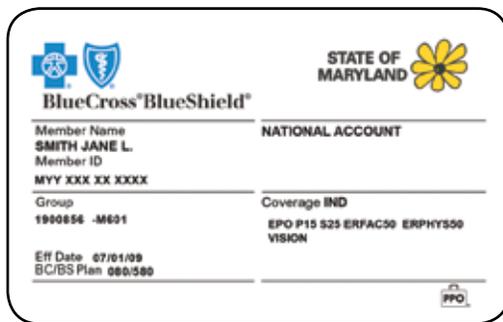
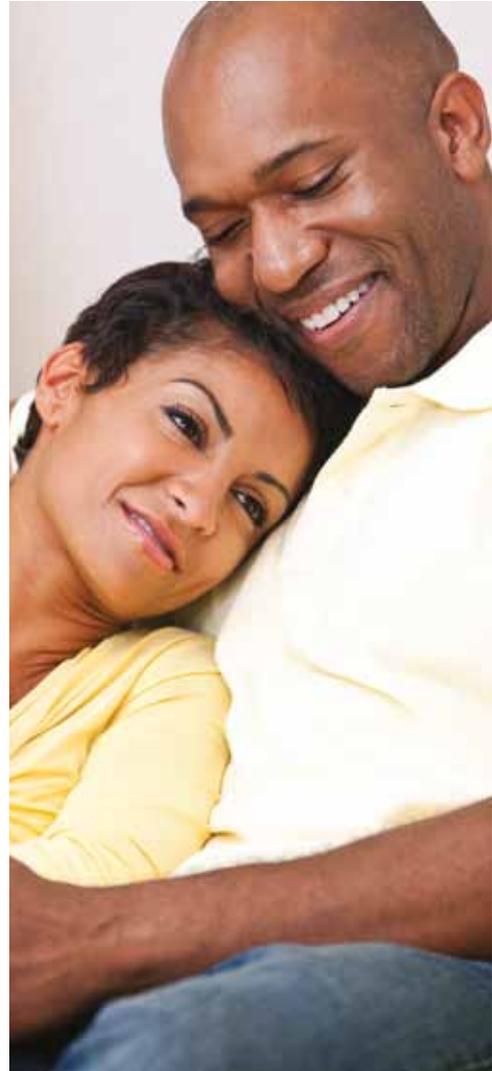
Out-of-Area Coverage

You have the freedom to take your health care benefits with you – across the country and around the world. BlueCard® PPO, a program from the Blue Cross and Blue Shield Association, allows you to receive the same health care benefits when receiving care from a BlueCard® preferred provider while living or traveling outside of the CareFirst service area (Maryland, Washington, D.C. and Northern Virginia). The BlueCard® program includes more than 6,100 hospitals and 600,000 other health care providers nationally.



Exclusive Provider Organization (EPO)

At CareFirst BlueCross BlueShield, we aim to keep you healthy by emphasizing prevention, healthy living, early detection and early treatment. That's one of the main advantages of having CareFirst BlueCross BlueShield coverage. We work with you to help prevent illness and we encourage you to seek care when it is needed.



Benefits of EPO

- EPO offers you the features of a PPO with in-network benefits only.
- Access to our network of more than 23,000 doctors, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- No primary care provider required, and no referrals to see a specialist.
- Take your health care benefits with you — across the country and around the world.
- No copay for in-network preventive visits.

Exclusive Provider Organization (EPO)

The Benefits You Need

As a participant in the EPO plan, we cover you and your family for medically necessary health care. **Whether you need routine or specialty service, you will need to visit a participating provider in order to receive care.** Preventive care is covered at 100% with no copayment when rendered by an in-network provider.

Behavioral Health Treatment

Magellan Behavioral Health Services provides and coordinates all needed behavioral health care. Just call their toll free number at (800) 245-7013 for a referral and authorization if you need psychiatric or substance abuse treatment.

Comprehensive benefits

With EPO, you not only have the strength of Blue Cross and Blue Shield Plans credentialed network providers, but a wide range of benefits including immunizations, office visits, routine gynecological visits and well-child care. Other preventive services such as diagnostic tests, and mammography screenings can help you treat conditions before they become serious.

Emergency Care

Each CareFirst doctor provides 24-hour-a-day availability so you are never out of reach of your doctor. If the condition is serious, but not life threatening, call your doctor and he or she will give you instructions on what to do next.

Service That Counts

You can talk to knowledgeable Customer Service representatives who will be happy to answer any questions you may have about claims and benefits.

When You Need Care

Once you have enrolled in the EPO and your benefits are effective, you are ready to use your health insurance plan. Whether you need routine care or specialty care, you will need to visit a participating PPO provider in order to receive coverage. Please log on to www.carefirst.com/statemd to find a participating provider.

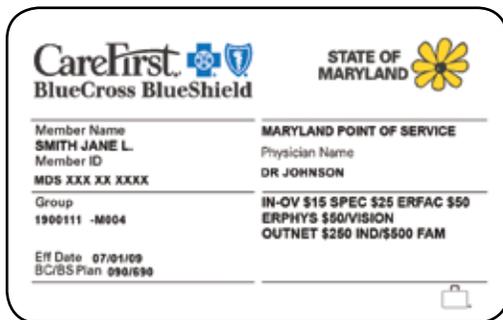
If you choose to go to a physician other than a participating PPO provider, benefits will not be provided for care you have received.



Point of Service[®] (POS)

Now without referrals – Effective 7/1/2012

Point of Service (POS) offers two levels of benefits in one health plan. When you need medical care, you have the flexibility to see your primary care provider (PCP) or Specialist within your network now with no referrals, or you can choose to go “out of the network” and see any doctor you choose. Your choice determines whether benefits will be paid at the in-network or out-of-network level.



Benefits of POS

- No referrals to receive care from an in-network Specialist effective 7/1/2012.
- Access our network of more than 23,000 doctors, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- Your care is coordinated through a Primary Care Provider who knows you and can assist you with your overall health care concerns.
- No copays for in-network preventive visits.

You can select your doctor from a network of physicians, specialists and hospitals located throughout Maryland, Washington, D.C. and Northern Virginia – so now you can visit a doctor where you live, where you work or anywhere in between. Designed for today’s health conscious and busy families, Point of Service offers one less thing to worry about during your busy day.

Point of Service aims to keep you healthy by emphasizing prevention, early detection and early treatment. That’s one of the main advantages of your POS coverage. We work with you to help prevent illness and we encourage you to seek care when it is needed, rather than waiting.



Coordinated care with the freedom to choose.

Point of Service® (POS)

Now without referrals — Effective 7/1/2012

Maternity and Well-Child Care

POS provides coverage for prenatal and postnatal visits. Childhood immunizations and check-ups are covered at 100% with no copayment when services are provided by your PCP.

When you enroll in Great Beginnings, one of our case managers will contact you to review your medical history and identify any conditions that may affect your pregnancy. The case manager will provide education and information on prenatal care and pregnancy, along with information on community resources and support groups. They'll also give you their contact information, so in the event a problem occurs, you may contact them.

If complications occur during your pregnancy, a case manager will work closely with you and your doctor(s) to coordinate any necessary services. Your case manager will contact you as often as necessary to provide optimal care coordination and support, along with any other information you may need.

To enroll in Great Beginnings or find out more information about our program, call 888-264-8648.

Emergency and Urgent Care

Each POS doctor provides 24-hour-a-day availability so you are never out of reach of your PCP. If the condition is serious, but not life threatening, call your PCP and he or she will give you instructions on what to do next.

Your doctor may refer you to an urgent care center. Urgent care centers are walk-in medical facilities equipped to handle minor emergencies. Urgent care centers allow you to be seen more quickly than emergency rooms and most have evening and weekend hours. A list of participating urgent care centers can be found in the provider directory or at www.carefirst.com/statemd, "Find a Doctor."

In a life-threatening emergency, such as chest pain, unconsciousness or severe bleeding, we encourage you to go immediately to the nearest emergency room or call 911.

Your Primary Care Provider (PCP)

Establishing a relationship with one PCP (physician or nurse practitioner) is the best way for you to receive consistent, quality health care; therefore, you must select a PCP at the time of your enrollment into POS. It is important that you select a PCP. If you have not selected a PCP for yourself or a covered family member, all covered services will be covered at the out-of-network level.

Your PCP will:

- Provide basic medical care — treating illness and providing preventive care.
- Prescribe any medications that you may require.
- Maintain your medical history.
- Work with you to determine when you should see a specialist, assist in the selection of a specialist.

You may choose a doctor or nurse practitioner who specializes in family practice, general practice, pediatrics or internal medicine as your PCP. Your entire family may select the same provider, or each member may choose a different provider, based on each person's age or medical needs.

If you are a new enrollee, complete a PCP selection form by logging on to www.carefirst.com/statemd, "Forms" and print out a PCP selection form, or call customer service at (800) 225-0131. If you are currently enrolled and want to change your PCP, log on to www.carefirst.com/statemd, "My Account" to make your change electronically.



Benefits At-a-Glance

Benefits	PPO - Preferred Provider Option	
	In-Network	Out-of-Network
Benefit Period - 7/1/2012 - 6/30/2013		
DEDUCTIBLE	\$0	\$250 individual/\$500 family
OUT-OF-POCKET LIMIT	\$1,000 individual/\$2,000 family	\$3,000 individual/\$6,000 family
LIFETIME MAXIMUM	None	
INPATIENT HOSPITAL/FACILITY SERVICES (Preauthorization required) Room & Board (includes maternity) 365 days of coverage (other special care units), and Ancillary Services (includes nursery charges)	90% of Allowed Benefit	70% of Allowed Benefit after deductible; 90% after emergency admission
Organ Transplants (Preauthorization required)	90% of Allowed Benefit for cornea, kidney, bone marrow, heart, heart-lung, single or double lung, liver and pancreas	70% of Allowed Benefit after deductible for cornea, kidney, bone marrow, heart, heart-lung, single or double lung, liver and pancreas
Extended Care Facility (ECF) - 180 days per Benefit Period (Preauthorization required)	90% of Allowed Benefit	70% of Allowed Benefit after deductible
Hospice Care (inpatient or at home; Preauthorization required)	90% of Allowed Benefit	70% of Allowed Benefit after deductible
INPATIENT PROFESSIONAL/PRACTITIONER SERVICES		
Physician Surgical Services	90% of Allowed Benefit	70% of Allowed Benefit after deductible
Anesthesia	90% of Allowed Benefit	90% of Allowed Benefit
Consultations (including follow-visits) & Physician Visits (includes ECF)	90% of Allowed Benefit	70% of Allowed Benefit after deductible
Radiation Therapy, Chemotherapy, and Renal Dialysis	90% of Allowed Benefit	70% of Allowed Benefit after deductible
OUTPATIENT HOSPITAL/FACILITY SERVICES		
Emergency Room Facility Services- Inside and outside the service area (Note: Separate copay from ER Physician)	\$75 copay. Copay waived if admitted. If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$75 copay.	
Emergency Room Physician Services- Inside and outside the service area (Note: Separate copay from ER facility)	\$75 copay. Copay waived if admitted. If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$75 copay.	
Cardiac Rehabilitation (Outpatient Freestanding Clinic or Outpatient Hospital only, 36 sessions in 12-week period with physician supervision and in medical facility; medical necessity with physician authorization and history of heart attack in past 12 months, CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure.)	90% of Allowed Benefit	70% of Allowed Benefit; after deductible
Home Health Care (120 days per Benefit Period)	90% of Allowed Benefit	70% of Allowed Benefit after deductible
Minor/All Surgery (includes hospital based and freestanding surgical centers)	90% of Allowed Benefit	70% of Allowed Benefit after deductible
Preadmission Testing	90% of Allowed Benefit	70% of Allowed Benefit after deductible
Diagnostic Tests (includes X-rays, machine tests, pathology, CAT scans, MRIs, and Holter Monitors)	90% of Allowed Benefit	70% of Allowed Benefit after deductible
OUTPATIENT/OFFICE PROFESSIONAL SERVICES		
Physician Office Visit - Primary Care	\$15 copay	70% of Allowed Benefit after deductible
Physician Office Visit - Specialist	\$30 copay	70% of Allowed Benefit after deductible
Urgent Care Centers	\$30 copay	70% of Allowed Benefit after deductible
Minor/All Surgery	90% of Allowed Benefit	70% of Allowed Benefit after deductible

AB (Allowed Benefit): The maximum dollar amount allowed for services covered, regardless of the provider's actual charge.

POS - Point of Service		CareFirst EPO
In-Network	Out-of-Network	
\$0	\$250 Individual/\$500 family	\$0
\$1,000 individual/\$2,000 family	\$3,000 individual/\$6,000 family	\$0
None		None
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
90% of Allowed Benefit for cornea, kidney, bone marrow, heart, heart-lung, single or double lung, liver and pancreas	70% of Allowed Benefit after deductible for cornea, kidney, bone marrow, heart, heart-lung, single or double lung, liver and pancreas	100% of Allowed Benefit for cornea, kidney, bone marrow, heart, heart-lung, single or double lung, liver and pancreas
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
90% of Allowed Benefit	90% of Allowed Benefit	100% of Allowed Benefit
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
\$75 copay. Copay waived if admitted. If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$75 copay.		\$75 copay. Copay waived if admitted. If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$75 copay.
\$75 copay. Copay waived if admitted. If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$75 copay.		\$75 copay. Copay waived if admitted. If criteria are not met for a medical emergency, or accidental injury, plan coverage is 50% of allowable benefit plus \$75 copay.
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
90% of Allowed Benefit	90% of Allowed Benefit	100% of Allowed Benefit
\$15 copay	70% of Allowed Benefit after deductible	\$15 copay
\$30 copay	70% of Allowed Benefit after deductible	\$30 copay
\$30 copay	70% of Allowed Benefit after deductible	\$30 copay
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit

This chart is a general summary of benefits and does not guarantee coverage. Please contact Customer Service or refer to www.carefirst.com/statemend after the Open Enrollment for on-line PPO, POS and EPO group benefit booklets or Evidence of Coverage with plan details.



Benefits At-a-Glance

Benefits	PPO - Preferred Provider Option	
	In-Network	Out-of-Network
Benefit Period - 7/1/2012 - 6/30/2013		
OUTPATIENT/OFFICE PROFESSIONAL SERVICES		
Anesthesia	90% of Allowed Benefit	90% of Allowed Benefit
Allergy testing and Injections (copay applies to testing only)	90% of Allowed Benefit after \$15 copay (PCP) 90% of Allowed Benefit after \$30 copay (Specialist)	70% of Allowed Benefit after deductible
X-rays, machine tests and pathology, CAT SCANS, MRIs, and Holter Monitors (physician interpretation of results)	90% of Allowed Benefit	90% of Allowed Benefit after deductible
Physical Therapy, Occupational Therapy and Speech Therapy	\$30 copay; up to 50 visits per year when combined with Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit.	70% after deductible; up to 50 visits per year when combined with Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit. Note: Contact health plan if Speech Therapy provided due to catastrophic illness for consideration of additional visits.
Hearing Exams and Hearing Aids (Includes Hearing Aid Mandate for minor children)	\$15 copay; 100% of plan allowance per device, per ear, every 36 months. Member may be balance billed.	70% after deductible; 100% of plan allowance per device, per ear, every 36 months. Member may be balance billed.
Chiropractic and Acupuncture Pain Management	90% of Allowed Benefit after \$20 copay	70% of Allowed Benefit after deductible
In Vitro Fertilization (IVF) and Artificial Insemination (AI) (Preauthorization required) For further details on pre-authorization requirements please call our Member Services (Only covered for married couples as recognized by Maryland Law.)	90% of Allowed Benefit	70% after deductible
	Up to 3 attempts of AI and 3 attempts of IVF per live birth per lifetime. The 3 IVF attempts per live birth coverage will not exceed a maximum of \$100,000 per lifetime. The AI attempts must be taken, when appropriate before IVF attempts will be covered.	
PREVENTIVE/WELL CARE (ROUTINE)		
Well Baby/Child Visits (0 through 21 years) (0 – 36 months, up to 12 visits; 3 years — 21 years, 1 visit per plan year)	100% of Allowed Benefit	70% after deductible
Immunizations for adults and children as recommended by the Centers for Disease Control, U.S. Task Force of Preventive Care, and American Academy of Pediatrics including Lyme Disease, but excluding recommendations for travelers.	100% of Allowed Benefit	70% of Allowed Benefit after deductible
Annual Adult Physicals (22+ years) 1 per plan year	100% of Allowed Benefit	70% of Allowed Benefit after deductible
Annual GYN Services (includes pap)	100% of Allowed Benefit	70% of Allowed Benefit after deductible
Nutritional Counseling and Health Education for Chronic Disease (contact CareFirst for more information)	100% of Allowed Benefit	70% of Allowed Benefit after deductible
Routine Mammography Screening (One baseline screening for ages 35-39 years. One screening every year 40+.)	100% of Allowed Benefit	70% of Allowed Benefit
ROUTINE VISION	See Vision Insert	
BEHAVIORAL HEALTH	Not covered under Medical Plan. Refer to your 2012/2013 Guide to Your Health Benefits booklet provided by the Employee Benefits Division.	
PRESCRIPTION DRUGS		
ROUTINE DENTAL		

AB (Allowed Benefit): The maximum dollar amount allowed for services covered, regardless of the provider's actual charge.

POS - Point of Service		CareFirst EPO
In-Network	Out-of-Network	
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
90% of Allowed Benefit after \$15 copay (PCP); 90% of Allowed Benefit after \$30 copay (Specialist)	70% of Allowed Benefit after deductible	100% of Allowed Benefit after \$15 copay (PCP) 100% of Allowed Benefit after \$30 copay (Specialist)
90% of Allowed Benefit	90% of Allowed Benefit	100% of Allowed Benefit
\$30 copay up to 50 visits per year when combined with Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit. Note: Contact health plan if Speech Therapy provided due to catastrophic illness for consideration of additional visits.	70% after deductible; up to 50 visits per year when combined with Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit. Note: Contact health plan if Speech Therapy provided due to catastrophic illness for consideration of additional visits.	100% after \$30 copay; up to 50 visits per year when combined with Occupational, Physical and Speech Therapy. Based on medical necessity. Occupational and Physical Therapy requires precertification after 6th visit. Speech precertification after 1st visit. Note: Contact health plan if Speech Therapy provided due to catastrophic illness for consideration of additional visits.
\$15 copay; 100% of plan allowance per device, per ear, every 36 months. Member may be balance billed.	Not covered except for hearing aids as mandated for minor children (ages 0-18)	100% after \$15 copay; 100% of plan allowance per device, per ear, every 36 months. Member may be balance billed.
90% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit when preauthorized
90% of Allowed Benefit	70% after deductible	100% of Allowed Benefit (Up to 3 attempts of AI and 3 attempts of IVF per live birth per lifetime. The 3 IVF attempts per live birth coverage will not exceed a maximum of \$100,000 per lifetime. The AI attempts must be taken, when appropriate before IVF attempts will be covered.)
Up to 3 attempts of AI and 3 attempts of IVF per live birth per lifetime. The 3 IVF attempts per live birth coverage will not exceed a maximum of \$100,000 per lifetime. The AI attempts must be taken, when appropriate before IVF attempts will be covered.		
100% of Allowed Benefit	Not covered	100% of Allowed Benefit
100% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit	Not covered	100% of Allowed Benefit
100% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit	70% of Allowed Benefit after deductible	100% of Allowed Benefit
100% of Allowed Benefit	90% of Allowed Benefit	100% of Allowed Benefit
See Vision Insert		
Not covered under Medical Plan. Refer to your 2012/2013 Guide to Your Health Benefits booklet provided by the Employee Benefits Division.		(Behavioral Health benefits administered through Magellan Health Services.) Inpatient: 100% when preauthorized by plan; Outpatient: PCP: 100% of Allowed Benefit after \$15 copay
		Not covered
		Not covered

This chart is a general summary of benefits and does not guarantee coverage. Please contact Customer Service or refer to www.carefirst.com/statemend after the Open Enrollment for on-line PPO, POS and EPO group benefit booklets or Evidence of Coverage with plan details.

Vision Plan

Healthy Vision – an Important Asset

Vision is one of our most valued assets. Everyone should take precautions to protect this priceless gift. Some vision problems, such as glaucoma, can only be detected through regular, professional vision exams. Without proper care, these problems can gradually grow worse. **Visit the provider of your choice for your routine vision exam and the plan pays \$45.**

Mail Order Replacement Contact Lenses

Free membership and access to a mail order replacement contact lens service, Lens 1-2-3®, provides a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, go to www.Lens123.com.

How the Plan Works

Our Vision plan is as easy to use as it is effective. You simply show your CareFirst BlueCross BlueShield membership card to participating providers at the time of service. The participating provider will bill us and we pay them directly for their services. You don't have any paperwork or claims to file.



If you choose a non-participating provider for your care, you must pay the provider. We will reimburse you up to the limits of your vision plan.

Vision Benefit (Benefit Period - 7/1/12 - 6/30/13)	Plan Pays
ROUTINE EYE CARE	Vision benefits are the same for PPO, POS and EPO members. Plans pay \$45 per benefit period toward the exam.
FRAMES	Plan pays \$45 toward one pair of frames per benefit period
PRESCRIPTION LENSES (per pair) Available once every benefit period	Single Vision..... \$28.80 Bifocal, single \$48.60 Bifocal, double \$88.20 Trifocal..... \$70.20 Aphakic, Glass..... \$54.00 Aphakic, Plastic..... \$126.00 Aphakic, Aspheric..... \$162.00
CONTACTS (per pair, in lieu of frames and lenses) Available once per benefit period	Medically necessary \$201.60 Cosmetic..... \$50.40

Plan for Retirees with Medicare

PPO Benefits and Services

This Medicare Complementary plan provides comprehensive medical/surgical benefits to Medicare recipients. It covers your Medicare deductibles and coinsurances as well as preventive services: hearing care, annual mammograms and pap tests. This CareFirst plan is your secondary coverage to Medicare. This means that Medicare always pays first and your CareFirst plan pays as your secondary insurance. All providers, doctors and hospitals who accept Medicare assignment have agreed to accept the Medicare allowed amount as full payment for covered services. Once Medicare processing is complete you will receive a copy of the Medicare Explanation of Benefits (EOB) for your records. Your secondary processing will then occur automatically, which will generate a CareFirst EOB that will be sent to you. If a provider does not accept Medicare assignment the provider will still file your claim, however any payment of covered services would be paid directly to the member by Medicare and CareFirst.

POS Benefits and Services

Point of Service (POS) is a Medicare complementary plan that provides comprehensive medical/surgical benefits to Medicare recipients. The POS plan requires that you select a Primary Care Provider (PCP) who will coordinate your care so that all services will be covered as in-network. POS covers your Medicare deductibles and coinsurances. It also provides valuable benefits for these preventive services: hearing care, annual mammograms and pap tests. The CareFirst POS plan is your secondary

coverage to Medicare. This means that Medicare always pays first and your CareFirst POS plan pays as your secondary insurance. All providers, doctors and hospitals who accept Medicare assignment have agreed to accept the Medicare allowed amount as full payment for covered services. Once Medicare processing is complete you will receive a copy of the Medicare EOB for your records. Your secondary processing will then occur automatically, which will generate a CareFirst EOB that will be sent to you.

EPO Benefits and Services

CareFirst offers this Medicare complementary plan which provides comprehensive medical/surgical benefits to Medicare recipients covering your Medicare deductibles and coinsurances as well as many preventive services only when services are rendered by a provider who accepts Medicare. Services rendered by a provider who does not accept Medicare is considered out-of-network and not covered. This CareFirst BlueCross BlueShield plan is your secondary coverage to Medicare meaning that Medicare always pays first and your CareFirst BlueCross BlueShield plan pays second. All providers, doctors and hospitals who accept Medicare assignment have agreed to accept as full payment the Medicare allowed amount for covered services. Once Medicare processing is complete you will receive a copy of the Medicare Explanation of Benefits (EOB) for your records and your secondary processing will occur automatically which will generate a CareFirst BlueCross BlueShield EOB to you. **Note: EPO MEMBERS MUST SEEK SERVICES FROM A PROVIDER WHO ACCEPTS MEDICARE TO RECEIVE BENEFITS FOR A COVERED SERVICE.**

Patient-Centered Medical Home

Focusing on you and your health

Whether you're trying to get healthy or stay healthy, you need the best care available. That's why the CareFirst BlueCross BlueShield¹ family of health plans has created a program to improve health care quality and help slow rising health care costs over time.

Our Patient-Centered Medical Home (PCMH) program focuses on the relationship between you and your primary care provider (PCP). It's designed to provide your PCP—whether it's a physician or nurse practitioner—with a more complete view of your health needs, as well as the care you're receiving from other providers. As the leader of your health care team, your PCP will be able to use this information to better manage and coordinate your care, a key to better health.

Treating Your Overall Health

There is simply no one in the health care system better positioned to coordinate and manage your overall health than your PCP. Whether you see your PCP for preventive care, or you need more care, your PCP is expected to:

- Coordinate your care with all your health care providers, including specialists, labs, pharmacies, and mental health facilities to help you get access to and receive the most appropriate care available in the most affordable settings.
- Identify and address any impact the care you receive for one health issue may have on another.
- Review all of your medications and possible drug interactions with you.
- Review your health records for duplicate tests or services already ordered or performed by another provider.



Why a PCP is important to your health.

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

A PCP is concerned with your overall health. If you have an urgent health issue, having a PCP who knows your health history often makes it easier and faster to get the care you need. Your PCP can sometimes provide advice over the phone or fit you in for a visit. That helps you avoid long lines and expensive charges at the emergency room.

When you visit your PCP for screenings and preventive services, they can detect health concerns in the early stages, when they are easier and less costly to treat.

Patient-Centered Medical Home

Focusing on you and your health



After reviewing your current health status, your PCP will determine if you're eligible for a care plan. If eligible, you'll receive a higher level of care, beginning with a personalized care plan developed by your PCP.

A care plan is an online record that documents your medical needs and specific actions you should take to better manage or improve your health. Your progress will be monitored by a team that includes your PCP, a care coordinator (a registered nurse) and other care professionals with the goal of minimizing your risks and improving your health.

If you have a chronic condition, or are at risk for one, your PCP may:

- Create a care plan based on your health needs with specific follow up activities to help you manage your health.
- Provide access to a care coordinator, who is a registered nurse (RN), so you have the support you need, answers to your questions and information about your care.

If you're not eligible for a care plan, you'll continue to see your PCP for regularly scheduled visits and benefit from the increased access to care, preventive care services and engagement with your PCP.

What is a care coordinator?

A care coordinator is a registered nurse who works with your PCP to coordinate your care and help you improve your health. Your care coordinator is expected to:

- Assist your PCP by coordinating your care and answering your questions.
- Follow up with you to make sure you're not having problems following your treatment plan. For example, if you have diabetes, the care coordinator can help you take steps to better understand control your diabetes.
- Assist you in obtaining services and equipment necessary to manage your health condition.

It's Your Choice

PCMH is a voluntary program. When you participate:

- You pay no additional premium.
- There is no change in your benefits.
- There is no change to your health plan requirements.
- You can opt-out at any time without penalty and without changing your PCP.

Please note that if you have a high deductible health plan, certain charges may apply until you meet your deductible.

How Do I Get Started?

Simply sign the Authorization and Consent for Participation form and return it to your PCP.

You can get the form from your PCP, or you can download it from the Forms section at www.carefirst.com under the PCMH tab. By signing the consent form, you agree to give your PCP access to your health information on file with CareFirst. This includes data from claims and notes from any CareFirst programs in which you have participated.

How to Locate a Provider

www.carefirst.com/statemd

1. Go to www.carefirst.com/statemd.
2. Click the “*Find a Doctor*” tab on the main page.
3. Choose your health plan and click “*continue*”.

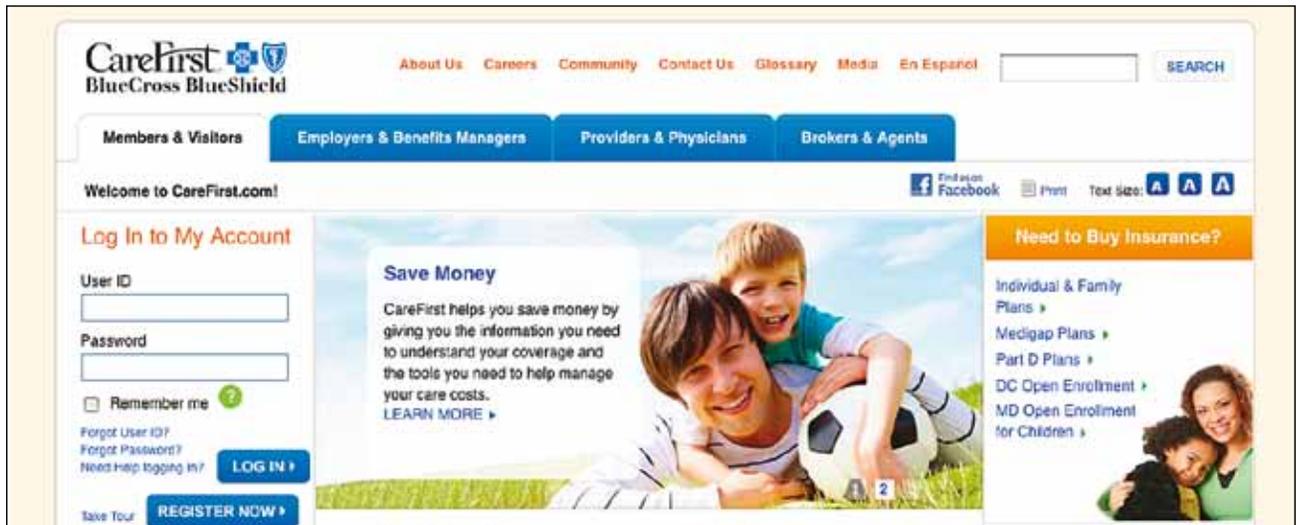
If you do not have internet access and would like to request a copy of a printed directory, please call the Member Services phone number listed on your member ID card.



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/statemd, “My Account” for real-time information about your plan.



Features of My Account

- Request replacement ID card.
- 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.
- Download claim forms.
- 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.
- Currently enrolled POS members can change a PCP selection.

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/statemd, “My Account” and set up your User ID and Password. You'll just need information from your member ID card.

FirstHelp™– 24-Hours

Health Care Advice Line (800) 535-9700

Anytime, day or night, you can speak with a FirstHelp nurse. Registered nurses are available to answer your health care questions and help guide you to the most appropriate care.

How FirstHelp Works

Simply call (800) 535-9700 and a registered nurse will:

- Ask about your symptoms.
- Help you decide on the best source of care.

When to Call FirstHelp

First, you should call your doctor when you have a health concern. If you can't reach your doctor and have questions about your health, an illness or an urgent medical condition, a registered FirstHelp nurse is available to answer your questions and assist you in determining your options.

If you have an emergency and can't safely wait to speak with your doctor, call 911 or go to the nearest emergency room.

FirstHelp nurses won't be able to answer questions about the following:

- Your benefits and what is covered by your health care plan.
- Information on your claims.
- Pre-authorizations.

If you have questions about your benefits or claims, please call the Member Services number listed on the back of your ID card. If you need authorization for a service, please call the appropriate number listed on the back of your ID card.



Alternative Therapies & Wellness Services

In addition to your medical benefits, take advantage of the special offers and discounts available to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst) members. Our *Options* and *Blue365* discount programs offer the health and wellness information, support and services you need — while at the same time providing you with special member savings.

Enjoy Discounts with Both Programs

Discounted products and services include:

- Acupuncture
- Chiropractic care
- Fitness centers
- Fitness footwear and apparel
- Hearing and vision care including laser vision correction
- Massage therapy
- Nutritional counseling
- Personal training
- Spa services
- Sporting and fitness equipment
- Travel
- Weight loss programs

New products and services are added frequently, so visit us online at www.carefirst.com/options for the latest list.



For details on the health and wellness discounts available to you, visit www.carefirst.com/options

Health and Wellness Discounts

Alternative Therapies and Wellness Services

Options Program Directory

Alternative Therapies & Wellness	<p>Up to 30% discounts on chiropractic care, acupuncture, massage therapy, nutritional counseling, personal training, yoga, guided imagery, spa services and more.</p> <p>Healthways WholeHealth Networks, Inc. (800) 514-6502 http://options.wholehealthmd.com</p>
Eldercare Services	<p>Free referral services to help members find qualified providers through ElderCarelink. You can find information for elders and families including home health care, home support, assisted living, adult day care, long term care, nursing homes, and support groups for caregivers.</p> <p>ElderCarelink (866) 451-5577 www.eldercarelink.com/carefirst</p> <p>SeniorLink Care (866) 797-2341</p>
Financial Services	<p>Successfully manage your health care costs while maintaining a healthy financial future.</p> <p>H&R Block www.carefirst.com/options</p> <p>Experian www.carefirst.com/options</p>
Fitness Apparel and Gear	<p>Exclusive discount on fitness apparel and workout gear.</p> <p>Sportline (866) 324-4438 Everlast (866) 324-4438 Polar (866) 451-5577</p>
Fitness Centers	<p>Discounts on membership fees, initiation fees and more depending on which fitness network and location you choose.</p> <p>Healthways WholeHealth Networks, Inc. (800) 514-6502 http://options.wholehealthmd.com</p> <p>Anytime Fitness (888) 827-9262 Snap Fitness (877) 474-5422</p>
Hearing Care	<p>Free screenings, discounts on hearing aids and more.</p> <p>Beltone (888) 896-2365 www.carefirst.com/options</p> <p>TruHearing (877) 343-0745 www.carefirst.com/options</p>
Laser Vision Correction & Contact Lenses*	<p>Discounts on laser vision correction and 100% patient financing with approved credit.</p> <p>QualSight LASIK (877) 285-2010 www.qualsight.com/-carefirst</p> <p>LasikPlus (866) 713-2044</p> <p>TruVision (800) 398-7075 www.truvision.com/carefirst/LASIK.htm <i>*Also offers discounts on mail-order contact lenses</i></p>
Medical IDs	<p>22% discount on personalized medical ID bracelets and necklaces.</p> <p>American Medical ID (800) 363-5985 www.americanmedical-id.com/extras/carefirst.php</p>
Recreation and Travel	<p>Enjoy savings on travel and leisure expenses.</p> <p>Fairmount Hotels and Resorts (866) 840-8114</p>
Weight Loss & Management	<p>Nationally recognized weight loss plan discounts.</p> <p>Jenny Craig® (800) 96-JENNY www.carefirst.com/options</p> <p>Dole (800) 356-3111</p>

The Options and Blue365 programs are not offered as an inducement to purchase a policy of insurance from CareFirst. CareFirst does not underwrite these programs because they are not insurance products. No benefits are paid by CareFirst under these programs.

www.carefirst.com/statemd



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