

BlueChoice Advantage HSA \$4,000 Summary of Benefits

ArentFox Schiff LLP

Integrated Deductible

Services	In-network You Pay ^{1,2}	Out-of-network You Pay ^{1,3}
	Visit carefirst.com/doctor to locate providers	
24-HOUR NURSE ADVICE LINE		
Free advice from a registered nurse. Visit carefirst.com/needcare to learn more about your options for care.	When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	
WELLBEING PROGRAM		
Visit carefirst.com/myaccount for more information.	You have access to a comprehensive well-being program as part of your medical plan	
ANNUAL DEDUCTIBLE (Benefit period) ⁴		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period) ⁵		
Medical ⁶	\$6,000 Individual/\$12,000 Family	\$12,000 Individual/\$24,000 Family
Prescription Drug ⁶	Combined with in-network medical out-of-pocket maximum	Not Covered
LIFETIME MAXIMUM BENEFIT		
Lifetime Maximum	None	None
PREVENTIVE SERVICES		
Well-Child Care (including exams & immunizations)	No charge*	Deductible, then 30% of Allowed Benefit
Adult Physical Examination (including routine GYN visit)	No charge*	Deductible, then 30% of Allowed Benefit
Breast Cancer Screening	No charge*	Deductible, then 30% of Allowed Benefit
Pap Test	No charge*	Deductible, then 30% of Allowed Benefit
Prostate Cancer Screening	No charge*	Deductible, then 30% of Allowed Benefit
Colorectal Cancer Screening	No charge*	Deductible, then 30% of Allowed Benefit
OFFICE VISITS, LABS AND TESTING		
Office Visits for Illness	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Imaging (MRA/MRS, MRI, PET & CAT scans) ⁷	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Lab ⁷	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
X-ray ⁷	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Allergy Testing	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Allergy Shots	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Physical, Speech and Occupational Therapy ⁸ (limited to 60 visits/injury/benefit period)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Chiropractic (limited to 20 visits/benefit period)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Acupuncture (limited to 20 visits/benefit period)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
EMERGENCY SERVICES		
Urgent Care Center	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Emergency Room—Facility Services	Deductible, then 10% of Allowed Benefit	Deductible, then 10% of Allowed Benefit
Emergency Room—Physician Services	Deductible, then 10% of Allowed Benefit	Deductible, then 10% of Allowed Benefit
Ambulance (if medically necessary)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit

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HOSPITALIZATION (Members are responsible for applicable physician and facility fees)		
Outpatient Facility Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Physician Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Inpatient Facility Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Inpatient Physician Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
HOSPITAL ALTERNATIVES		
Home Health Care	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Hospice (Outpatient—unlimited during Hospice eligibility period)	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Skilled Nursing Facility	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MATERNITY		
Preventive Prenatal and Postnatal Office Visits	No charge*	Deductible, then 30% of Allowed Benefit
Delivery and Facility Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Nursery Care of Newborn	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Artificial and Intrauterine Insemination ⁹	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
In Vitro Fertilization Procedures ⁹	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MENTAL HEALTH AND SUBSTANCE USE DISORDER (Members are responsible for applicable physician and facility fees)		
Inpatient Facility Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Inpatient Physician Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Facility Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Outpatient Physician Services	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Office Visits	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Medication Management	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit
Hearing Aids	Deductible, then 10% of Allowed Benefit	Deductible, then 30% of Allowed Benefit

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Note: Allowed Benefit is the fee that participating providers in the network have agreed to accept for a particular service. The participating provider cannot charge the member more than this amount for any covered service. Example: Dr. Carson charges \$100 to see a sick patient. To be part of CareFirst's network, he has agreed to accept \$50 for the visit. The member will pay their copay/coinsurance and deductible (if applicable) and CareFirst will pay the remaining amount up to \$50.

* No copayment or coinsurance.

- ¹ When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.
- ² In-Network: When covered services are rendered in Maryland, Washington D.C. and/or Northern Virginia, collectively known as the CareFirst BlueChoice service area, by a provider in the CareFirst BlueChoice Provider network, care is reimbursed at the in-network level. In-network benefits are based on the CareFirst BlueChoice Allowed Benefit. The CareFirst BlueChoice Allowed Benefit is generally the contracted rates or fee schedules that CareFirst BlueChoice providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueChoice, Inc., however, in certain circumstances, an allowance may be established by law. Outside of the CareFirst BlueChoice service area, when covered services are rendered by a provider in the preferred provider network, care is also covered at the in-network level. These in-network benefits are based on the contracted rates or fee schedules that preferred providers have agreed to accept as payment for covered services that are established by the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.
- ³ Out-of-Network: When covered services are rendered by a provider that is not in the CareFirst BlueChoice network in Maryland, Washington D.C. or Northern Virginia, or is not in the preferred provider network outside of CareFirst BlueChoice service area, the care is reimbursed as out-of-network. Out-of-network benefits are based on the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that are established by CareFirst BlueChoice, or the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.
- ⁴ For family coverage only: When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the Allowed Benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the Allowed Benefit. The out-of-pocket maximum includes deductibles, copays and coinsurance.
- ⁵ For family coverage only: The family out-of-pocket maximum must be met before any member's services will be covered at 100% up to the Allowed Benefit. The out-of-pocket maximum may be met by one member or any combination of members.
- ⁶ Plan has an integrated medical and prescription drug out-of-pocket maximum.
- ⁷ Members accessing laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) must use LabCorp as their Lab Test facility and a non-hospital/freestanding facility for X-rays and specialty Imaging for In-Network benefits. Services performed by any other provider, while inside the CareFirst Service area will be considered Out-of-Network. Members accessing laboratory, X-rays, and specialty Imaging services outside of Maryland, D.C. or Northern Virginia, may use any participating BlueCard PPO facility and receive in-network benefits.
- ⁸ There are no limits for children under age 21 when Physical, Speech or Occupational Therapy is included as part of Habilitative Services.
- ⁹ Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment options for infertility. Preauthorization required.

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

The benefits described are issued under form numbers: DC/CFBC/GC (R. 1/19); DC/CFBC/HPN EOC (R. 10/11); DC/CFBC/DOL APPEAL (R. 1/22); DC/CFBC/PPN DOCS (R. 10/11); DC/CFBC/PPN/SOB (R. 10/11); DC/CFBC/LG/INCENT (R. 1/19); DC/CFBC/RX3 (R. 1/18); DC/CFBC/ATTC (R. 1/10) and any amendments.



Family of health care plans

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. 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.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, 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.