

Individual Personal Comp Application

(Maryland Residents)



OFFICE USE ONLY:

ID #:	CLASS/PLAN #:
GROUP #:	EFF DATE:

10455 Mill Run Circle
Owings Mills, Maryland 21117

INSTRUCTIONS

- Please fill out all applicable spaces on this application. Print or type all information.
- Sign and return this application in the postage-paid return envelope if provided, or mail to:
CareFirst BlueCross BlueShield
attn: application processing
5965 Sandy Ridge
Elkridge, MD 21075

Give careful attention to all questions in this application. Accurate, complete information is necessary before your application can be processed. If incomplete, the application will be returned and delay your coverage.

FAX COMPLETED APPLICATION TO:
410-796-7456

OR MAIL TO:
Application Processing
5965 Sandy Ridge
Elkridge, MD 21075

1. APPLICANT INFORMATION (The oldest applicant will be the Policyholder)

Last Name	First Name	Initial	Social Security #
Residence Address: (Number and Street, Apt. #)		City and State	Zip Code (9-digit, if known)
Billing Address, if different from Residence Address: (Number and Street, Apt. #)		City and State	Zip Code (9-digit, if known)
Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner	Height
Weight	Home Phone ()	Work Phone ()	E-mail Address

2. COVERAGE SELECTION: (Check one)

- Individual** - Provides coverage for one person
- Individual & Child(ren)** - Provides coverage for an individual and eligible dependent(s)
- Individual & Adult** - Provides coverage for two eligible adults
- Family** - Provides coverage for two eligible adults and eligible dependent(s)

3. ENROLLING FAMILY MEMBER(S) – Complete only if you select Individual & Child(ren), Individual & Adult or Family Coverage

Last Name	First Name	M. I.	Relationship	Social Security #	Date of Birth (Mo/Day/Yr)	SEX	HEIGHT (in.)	WEIGHT (lbs.)
Spouse/Partner						<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent 1						<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent 2						<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent 3						<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent 4						<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent 5						<input type="checkbox"/> M <input type="checkbox"/> F		

FOR BROKER USE ONLY:	Name:	SSN/Tax ID #:	CareFirst-Assigned ID#:
Contracted Broker:	Pinion Financial Services LLC	75-306-9661	48E
Sub-Agent/Sub-Agency:	J. Motsco		
Writing Agent:	J. Motsco		

CareFirst BlueCross BlueShield is the business name of CareFirst of Maryland, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association.
® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

4. COVERAGE LEVEL DESIRED

IMPORTANT HEALTH SAVINGS ACCOUNT-COMPATIBLE COVERAGE INFORMATION: For purposes of deductible and out-of-pocket limit amounts, any coverage level selection which is not Individual is considered to be Family. The Family category includes Individual and Child(ren), Individual and Adult, and Family. If the Policy category is Family, there is no individual annual deductible or individual out-of-pocket limit.

If the coverage level selection is Family, only when the Family aggregate deductible is reached by one or more members of the Family will no further deductible amounts be charged for the remainder of the calendar year. The Family deductible must be reached before CareFirst BlueCross BlueShield pays benefits for any member in a Family Policy category.

If the coverage level selection is Family, only when the Family aggregate out-of-pocket amount is reached by one or more members of the Family will no further deductible or coinsurance amounts be charged for the remainder of the calendar year. Once the out-of-pocket limit is reached, members in a family category will no longer be responsible for deductible and coinsurance amounts for that calendar year.

Individual Deductible	Coverage Level	Coinsurance	Individual Out-of-Pocket Limit (except where marked)
<input type="checkbox"/> \$100	80%	20%	\$1,000
<input type="checkbox"/> \$200	80%	20%	\$2,000
<input type="checkbox"/> \$400	75%	25%	\$2,000
<input type="checkbox"/> \$500	80%	20%	\$2,000
<input type="checkbox"/> \$800	75%	25%	\$2,000
<input type="checkbox"/> \$1,000	80%	20%	\$2,500
<input type="checkbox"/> \$1,700*	80%	20%	\$4,000 (Individual)/ \$8,000 (Family)
<input type="checkbox"/> \$2,500*	100%	0%	\$2,500 (Individual)/ \$5,000 (Family)
<input type="checkbox"/> \$2,500	80%	20%	\$4,000
<input type="checkbox"/> \$5,000	80%	20%	\$6,000
<input type="checkbox"/> \$10,000	80%	20%	\$10,000

*Health Savings Account - Compatible Plans. Please refer to Information above regarding the Out-of-Pocket Maximums.

VISION BENEFITS: Check if you wish to include benefits for vision services (additional cost).

Yes

5. OTHER INSURANCE INFORMATION

IF YOU HAVE OTHER INSURANCE, FAILURE TO COMPLETE THIS SECTION WILL CAUSE SIGNIFICANT DELAYS IN PROCESSING ANY CLAIMS SUBMITTED. YES NO

1. Is anyone listed on this application eligible for Medicare? YES NO

If yes, please provide the following:

Name of family member(s) _____ Medicare No _____ Effective Date _____

2. Is anyone listed on this application covered by other health insurance, including other Blue Cross and Blue Shield coverage? YES NO

If yes, please provide the following:

Name of family member(s) _____ Insurance Company _____

Policy Number and Type _____ Effective Date _____

If you are accepted, will your new CareFirst BlueCross BlueShield coverage replace your existing policy? YES NO

3. Has anyone listed on this application been without health insurance for the past 12-months or longer? YES NO

If yes, please list name(s): _____

6. HEALTH EVALUATION

PLEASE COMPLETE SECTIONS A, B AND C. CHECK EACH ITEM "YES" OR "NO". Answering yes will not necessarily result in the rejection of your application. YES NO

Have you or any family member named in this application had a physical examination within the past five years? YES NO

SECTION 6A — If any person included in this application is presently using or has used medication or prescription drugs in the past 5 years, please provide the following information.

Name of Family Member	Illness or Condition	Medication	Date of Last Treatment	How Often Taken	Attending Physician Name and Address

6. HEALTH EVALUATION (Continued)

SECTION 6B – To the best of your knowledge and belief, has any person named in this application had within the last five years, or does such person now have, any of the following:	YES	NO
1. Cancer, tumor or other growth (malignant or benign)	<input type="checkbox"/>	<input type="checkbox"/>
2. Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus Seropositivity (Positive HIV test)	<input type="checkbox"/>	<input type="checkbox"/>
3. Kidney stones, kidney or bladder condition, urinary frequency or burning	<input type="checkbox"/>	<input type="checkbox"/>
4. Goiter, thyroid condition, diabetes	<input type="checkbox"/>	<input type="checkbox"/>
5. Seizure disorder, central nervous system disorder, multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
6. Substance abuse (drug or alcohol dependency, abuse or addiction)	<input type="checkbox"/>	<input type="checkbox"/>
7. Use of illicit drugs	<input type="checkbox"/>	<input type="checkbox"/>
8. Gall bladder condition, hernia, stomach or intestinal condition, ulcers, hemorrhoids, liver condition	<input type="checkbox"/>	<input type="checkbox"/>
9. Cataract or other eye condition	<input type="checkbox"/>	<input type="checkbox"/>
10. Tuberculosis, lung condition, asthma, bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
11. Arthritis, rheumatism, external deformity, amputation(s), back or spinal trouble, limb condition	<input type="checkbox"/>	<input type="checkbox"/>
12. Heart condition, abnormal blood pressure (hypertension or hypotension), rheumatic fever, cerebrovascular accident (stroke)	<input type="checkbox"/>	<input type="checkbox"/>
13. (Female) Irregular or excessive menstrual bleeding, reproductive system disorders, breast condition	<input type="checkbox"/>	<input type="checkbox"/>
14. (Female) Is currently pregnant; expected date of delivery: ____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
15. (Male) Prostate condition, reproductive system disorders	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you or your spouse/partner have known infertility or any known disorder related to infertility	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you or your spouse/partner received any treatment or diagnostic “work-up” related to infertility	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you been told that you have high or elevated cholesterol, lipids or triglycerides	<input type="checkbox"/>	<input type="checkbox"/>
19. Outpatient counseling, any psychiatric or psychological counseling, or any nervous or mental disorder	<input type="checkbox"/>	<input type="checkbox"/>
20. Sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>
21. Anemia, blood disorders	<input type="checkbox"/>	<input type="checkbox"/>
22. Excluding physical examinations, consulted a physician, health care provider, or other individual or facility for medical or surgical treatment, advice, screening for any condition, or prescription medication for a medical condition NOT listed above in items 1-21?	<input type="checkbox"/>	<input type="checkbox"/>
23. Had any known departure from good health not previously mentioned in this questionnaire for which treatment or advice may or may not have been sought?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: ALL QUESTIONS MUST BE CHECKED “YES” OR “NO” – Or your application will be returned.

SECTION 6C – If you have checked “YES” to any part of SECTION 6B, for each box checked, please provide complete information regarding diagnosis or condition, treatment (including all medications, hospitalizations, surgeries and diagnostic testing results) and dates. If more space is needed, attach a separate sheet of paper.

NOTE: FAILURE TO DISCLOSE CONDITIONS MAY RESULT IN VOIDING OF MEMBERSHIP AND DENIAL OF BENEFITS.

Patient's First Name	Question Number	Diagnosis or Condition	Duration Dates	Explain treatment including all medications, hospitalizations, surgery and diagnostic test results and physician's/hospital's name.	Recovery (Check only one box)
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL

7. CONDITIONS OF ENROLLMENT — Please Read This Section Carefully

IT IS UNDERSTOOD AND AGREED THAT:

A Copy of this application is available to the Policyholder (or to a person authorized to act on his/her behalf) upon request, from CareFirst BlueCross BlueShield (CareFirst).

This information is subject to verification. To do so I authorize any physician, hospital, pharmacy, pharmacy benefit manager or pharmacy related service organizations or any other medical or medically-related person or company to release my "Medical Information" to CareFirst of Maryland, Inc. doing business as CareFirst BlueCross BlueShield (CareFirst) or CareFirst's vendors or representatives. I further authorize any vendor who receives "Medical Information" from any physician, hospital, pharmacy, pharmacy benefit manager or pharmacy related service organizations or any other medical or medically-related person or company to release my "Medical Information" to CareFirst. I understand that my Medical Information consists of any diagnoses, treatment, prescriptions from a pharmacy, or any other medically related information about me. I authorize CareFirst to use my Medical Information for underwriting and to determine my eligibility for insurance benefits. I understand this authorization will remain in effect for one year from the date signed.

I understand that I have the right to cancel this authorization at any time, in writing, except to the extent that CareFirst has already taken action in reliance on this authorization. I also understand that CareFirst's Notice of Privacy Practices includes information pertaining to authorizations and to requirements of revocation. A copy of the Notice may be obtained by contacting the CareFirst Privacy Office. CareFirst will not use or disclose the Medical Information for any purposes other than those listed above except as may be required by law. CareFirst is required to tell you by law that information disclosed pursuant to this authorization may be subject to re-disclosure and that under some limited circumstances will no longer be protected by federal privacy regulations.

If CareFirst determines that additional information is needed, I will receive an authorization to release that information. Failure to execute an authorization may result in the denial of my application for coverage. Additionally I understand that failure to complete any section of this application, including signing below, may delay the processing of my application.

To the best of my knowledge and belief, all statements made on this application are complete, true and correctly recorded. They are representations that are made to induce the issuance of, and form part of the consideration for the CareFirst policy. I understand that a medically underwritten policy is only issued under the conditions that the health of all persons named on the application remains as stated above. I also understand that failure to enter accurate, complete and updated medical information may result in the denial of all benefits, cancellation or voiding of my policy.

I will update CareFirst if there have been any changes in health concerning any person listed in this application that occurs prior to acceptance of this application by CareFirst.

IF YOU HAVE ANY QUESTIONS CONCERNING THE BENEFITS AND SERVICES THAT ARE PROVIDED BY OR EXCLUDED UNDER THIS AGREEMENT, PLEASE CONTACT A MEMBERSHIP SERVICES REPRESENTATIVE BEFORE SIGNING THIS APPLICATION.

An applicant or dependent whose Application is denied by CareFirst due to medical underwriting may not submit a subsequent Application for enrollment within ninety (90) days of the denial.

WARNING: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signature of Applicant 1:* X _____ Date: _____

Signature of Applicant 2: X _____ Date: _____
(Spouse/Partner)

Signature of Dependent 1:** X _____ Date: _____

Signature of Dependent 2:** X _____ Date: _____

* Rates are based on the age of the Policyholder (oldest applicant).

** Dependents over age 18 to sign here.

NOTE: Applications submitted solely on behalf of applicants under the age of 18, where payment of premium is made by the parent or legal guardian, must be signed by the parent or legal guardian.

Parent or Legal Guardian's Signature: X _____ Date: _____

FOR OFFICE USE ONLY:

Re-sign and re-date below only if box is checked.

Signature of Applicant 1: X _____ Date: _____

Signature of Applicant 2: X _____ Date: _____
(Spouse/Partner)



Personal Comp

Maryland

Welcome

Personal Comp and Personal Comp HSA

Why Choose Personal Comp?

For the cost of many of the things you buy each day, you can have security and peace of mind with health coverage from CareFirst BlueCross BlueShield (CareFirst).

PersonalComp makes health care coverage more manageable by letting you decide how much of the plan's cost you want to share through deductibles and coinsurance. The higher the deductible you choose, the lower your premium rate. Your out-of-pocket maximum includes everything you pay toward your deductible and coinsurance payments. Refer to the chart on page 2 to make your selection.

We also offer two HSA-compatible Personal Comp plans with high-deductible levels which keep your monthly premium costs to a minimum. Both plans meet the federal requirements necessary to set up a Health Savings Account. Better yet, these deductible plan options can be purchased even if you do not want to set up a Health Savings Account. The choice is yours.

Make sure you're covered by an organization you can trust. A company that has been there for your neighbors, coworkers and friends. And one that will be there for you—CareFirst BlueCross BlueShield.



Personal Comp

Overview

Personal Comp Offers

- **Maximum flexibility**—eleven benefit options to choose—so you can find a plan that’s right for you!
- **Tax Savings Eligibility**—two high-deductible plans that are eligible for a Health Savings Account option.
- **Choose any doctor or hospital**—no referrals to delay your visit to a specialist—just make the appointment.
- **A Preventive Care package** that saves you money with no charge for office visits and screenings, not even a copay—and no deductible to meet!
- **Major Medical coverage** with an unlimited policy maximum to protect you against the high cost of a lengthy illness.
- **Easy access to your benefits with BlueCard® Program**—your direct link to health care services nationwide.
- **Security of knowing that you’re protected** by the state’s leading health care insurer protecting individuals who buy their own insurance.

Maximum Options Per Individual		
1. Your Deductible	2. You Pay	3. Your Out-of-Pocket Maximum
\$100	20%	\$1,000
\$200	20%	\$2,000
\$400	25%	\$2,000
\$500	20%	\$2,000
\$800	25%	\$2,000
\$1,000	20%	\$2,500
\$2,500	20%	\$4,000
\$5,000	20%	\$6,000
\$10,000	20%	\$10,000
\$1,700*	20%	\$4,000
\$2,500*	0%	\$2,500

*Health Savings Account-Compatible Plans

A Health Plan That You Design

As a member of Personal Comp, you can design a personal health care program that’s right for you — and your budget.

- You select your deductible and benefit options. Generally, the higher your deductible the lower your premium. Plus, your deductible is applied to your out-of-pocket maximum. All this can limit the amount of money you spend on your health care.
- Preventive care is included with no charge for office visits and screenings—not even a copay. And there’s no deductible to meet before you can receive care.
- Families never pay more than twice the individual deductible even if there are more than two family members on the policy.
- You have the freedom to choose your own doctors and hospitals. Carry the card that’s recognized and accepted across Maryland and throughout the United States.
- Add vision and/or dental benefits to make your Personal Comp coverage even more valuable.

How the Plan Works

Personal Comp Plan Options

1. You pay the deductible.
(No deductible required for preventive care)
2. Personal Comp pays 75% or 80% of the Allowed Benefit, after you meet the deductible, and you pay 25% or 20% up to your out-of-pocket maximum per year.
3. After you meet your out-of-pocket maximum, Personal Comp pays 100% of the allowed benefit for covered services for the rest of the year.

Personal Comp

Summary of Benefits

Benefit	Covered	You Pay	
		80%/20% Plan	75%/25% Plan
Individual deductible options		\$100, \$200, \$500, \$1,000, \$2,500, \$5,000, \$10,000	\$400, \$800
Well-child care	✓	No charge for office visits and screenings	No charge for office visits and screenings
Adult preventive physical exams	✓		
OB/GYN preventive care	✓		
Cancer screening visits (no charge for mammograms, pap tests and PSAs)	✓		
Once you meet out-of-pocket maximum	✓	\$0	\$0
Physician office visits	✓	20% (after deductible)	25% (after deductible)
365 days hospitalization	✓	20% (after deductible)	25% (after deductible)
Emergency accident care (\$300 Allowed Benefit up front when treatment begins within 72 hours and if deductible is \$1,500 or less)	✓	20% (after deductible)	25% (after deductible)
Inpatient physician services	✓	20% (after deductible)	25% (after deductible)
Inpatient/Outpatient surgery	✓	20% (after deductible)	25% (after deductible)
Mental Health	✓	20% (after deductible)	25% (after deductible)
Maternity* and Prenatal care	✓	20% (after deductible)	25% (after deductible)
Diagnostic Tests and X-rays	✓	20% (after deductible)	25% (after deductible)
Physical Therapy/Chiropractic services (up to 50 visits per year)	✓	20% (after deductible)	25% (after deductible)
Prescription coverage (Unlimited coverage)	✓	20% (after deductible)	25% (after deductible)

If you receive care from a provider, including behavioral health care providers, that do not participate with CareFirst, you may be responsible for any applicable deductible, copayments and coinsurance plus charges over the allowed benefit.

Allowed Benefit is the amount CareFirst has agreed to pay for a covered service.

* **Please Note:** Services rendered for maternity care in the Personal Comp plan are subject to a 10-month pre-existing waiting period.

Personal Comp HSA

Overview

Lower your health insurance premiums and save on taxes!

Personal Comp provides two high deductible options that feature increased prescription coverage, and eligibility for a valuable Health Savings Account option.

What is a Health Savings Account?

Personal Comp HSA plans are designed to work along with a Health Savings Account offered by an independent banking institution. A Health Savings Account is almost like an individual retirement account (IRA) for health expenses.

Key benefits:

- Tax-exempt savings.
- Portable account contributions roll over from year-to-year.
- Access to funds, even for non-medical reasons (penalty may apply).
- Usually lower insurance premiums.

How the Plan Works

Health Savings Account-Compatible Plan Options

1. You pay the deductible.
(No deductible required for preventive care)
If you select Individual/Child(ren), Individual/Adult or Family coverage, then you must satisfy the entire deductible of \$3,400 or \$5,000, depending on which plan you choose, to receive benefits. One member of the family can meet either the \$3,400 or \$5,000 deductible for the whole family to receive benefits. Or multiple family members may contribute to the total of \$3,400 or \$5,000.
2. Personal Comp pays 80% or 100% of the allowed benefit, and you pay 20% or 0% up to your out-of-pocket maximum.
3. After you meet your out-of-pocket maximum, Personal Comp pays 100% of the allowed benefit for covered services for the rest of the year.

Personal Comp HSA

Summary of Benefits

Benefit	Covered	You Pay	
		80%/20% Plan	100%/0% Plan
Deductible		\$1,700	\$2,500
Well-child care	✓	No charge for office visits and screenings	No charge for office visits and screenings
Adult preventive physical exams	✓		
OB/GYN preventive care	✓		
Cancer screening visits (no charge for mammograms, pap tests and PSAs)	✓		
Once you meet out-of-pocket maximum	✓	\$0	\$0
Physician office visits	✓	20% (after deductible)	0% (after deductible)
365 days hospitalization	✓	20% (after deductible)	0% (after deductible)
Emergency accident care	✓	20% (after deductible)	0% (after deductible)
Inpatient physician services	✓	20% (after deductible)	0% (after deductible)
Inpatient/Outpatient surgery	✓	20% (after deductible)	0% (after deductible)
Mental Health	✓	20% (after deductible)	0% (after deductible)
Maternity* and Prenatal care	✓	20% (after deductible)	0% (after deductible)
Diagnostic Tests and X-rays	✓	20% (after deductible)	0% (after deductible)
Physical Therapy/Chiropractic services (up to 50 visits per year)	✓	20% (after deductible)	0% (after deductible)
Prescription coverage (Unlimited coverage)	✓	20% (after deductible)	0% (after deductible)

If you receive care from a provider, including behavioral health care providers, that do not participate with CareFirst, you may be responsible for any applicable deductible, copayments and coinsurance plus charges over the allowed benefit.

Allowed Benefit is the amount CareFirst has agreed to pay for a covered service.

* **Please Note:** Services rendered for maternity care in the Personal Comp plan are subject to a 10-month pre-existing waiting period.

Dental and Vision Options

Dental *(Optional)*

Regular preventive dental care is an important part of staying healthy.

Individual Select Dental HMO offers you dental care with predictable copayments for routine and major dental services such as:

- Preventive dental care
- Surgical extractions
- Root canal therapy
- Orthodontic treatment

As a member of our Dental Health Maintenance Organization (Dental HMO) plan, you'll select a general dentist from a network of 580+ participating providers to coordinate all your dental care needs. When specialized care is needed, your general dentist will recommend a specialist within the Dental HMO network.

We also offer the Individual Select Preferred dental plan, which offers a larger dental network and additional in-network savings for major procedures.

If you have questions regarding dental coverage or wish to inquire about participating providers please contact a Product Specialist

Vision *(Optional)*

Additionally, you have the option of adding eye care benefits to your medical plan through our network administrator, Davis Vision, Inc.* Benefits include annual eye examinations at participating providers for a \$10 copay at the time of service and discounts of approximately 30% on eyeglass frames and lenses or contact lenses. For medical eye care please follow your normal medical procedures.

Your vision benefits are not available until you are approved for medical coverage. Once you have been approved for coverage, you will be provided with more specific information about your vision program. To qualify for benefits, you must select the same type of coverage as the medical portion of your plan. To apply for vision coverage simply check "Yes" next to Vision Benefits on the application. The cost is as follows:

Type of Coverage	Vision
Individual	\$2.00
Individual & Child	\$4.00
Individual & Adult	\$4.00
Family	\$5.00

To locate a vision provider, contact Davis Vision, Inc. at (800) 783-5602

* An independent company that does not provide CareFirst BlueCross BlueShield products or services. The company is solely responsible for its products or services mentioned.

As a CareFirst member you are encouraged to take advantage of the *CareEssentials* program, at no additional charge. Whether you're looking for health and wellness tips or support to manage a health condition—you'll find it with *CareEssentials*.

Options / Blue365 Discount Programs

As a member, you have access to discounts on fitness centers, acupuncture, spas, massages, chiropractic care, nutritional counseling, laser vision correction, and more! Visit www.carefirst.com/options to learn more.

Nurse Line – FirstHelp™

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

My Care First Website

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

Vitality Magazine

Our member magazine has tools to help you achieve a healthier lifestyle. Vitality provides you with updates to your health care plan, a variety of health and wellness topics, including food and nutrition, physical fitness and preventive health. As a member, you will receive Vitality magazine three times per year.

Health News

Sign up for our monthly electronic member newsletter to receive health-related articles and recipes via email. Visit www.carefirst.com/healthnews to subscribe to information about:

- Making healthy choices
- Adding physical activity to your day
- Preparing nutritious and delicious recipes
- Getting the best health care
- Managing chronic conditions

Health Assessment

The health assessment is a confidential questionnaire that asks questions about health-related aspects of your lifestyle. Based on your responses in the health assessment, you will receive an immediate picture of your health in a personalized report. Your report will contain helpful information with tips on how to prevent or reduce your individual health risk factors.

Health Advising

After you complete the Health Assessment (available on My Care First), a health advisor may contact you. The health advisor can answer your questions and discuss your results. The Health Advising session is usually 10-15 minutes long.

Online Health Coaching

To help you meet your health goals, take advantage of our confidential Web-based health coaching program to help you improve in the following areas:

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

Once you complete your health risk assessment, you'll receive an email with details on accessing online health coaching programs.



Telephonic Health Coaching

Depending on the results of your Health Assessment, a health coach may call you. The Telephonic Health Coaching program is designed to help you build confidence as you learn new skills and positive lifestyle behaviors. You can interact with your coach through a private, secure Web-based message board and by phone. You and your coach will work together to develop a personal health action plan with milestones for achieving goals. Your coach will monitor your progress and provide guidance and support as needed.

Frequently Asked Questions

Personal Comp and Personal Comp HSA

Q: Can I choose my own physician?

A: Yes. You have freedom to select any doctor or hospital. Your membership provides discounts on physician and hospital care from Participating Providers. To view a listing of CareFirst Participating Providers who automatically file claims for you and cannot balance bill you, please visit us on the web

(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: Personal Comp requires you to first pay your deductible before the insurance will pay. Once the deductible is met, you will pay a coinsurance, a percentage of the total cost, for most visits and procedures. (**Please note:** *Personal Comp preventive care benefits are covered even before you meet your deductible.*)

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

A: As a member of Personal Comp you have the option to visit doctors who do not participate with CareFirst. In addition to your coinsurance, you are also responsible for any additional 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. Since CareFirst has one of the largest networks in the region it is likely that your doctor is already a participant.

Q: Is preventive care covered?

A: Yes. Personal Comp coverage includes a special package of preventive care benefits. There is no charge for office visits and screenings not even a copay—and you don’t have to meet your deductible first.

Q: When does coverage begin?

A: Coverage begins the first of the month after your application is approved!

Q: If I enroll in an HSA-compatible plan, am I required to open a Health Savings Account?

A: No. Opening a Health Savings Account is an optional, tax-savings benefit.

Q: How can I learn more about Health Savings Accounts?

A: Contacting your bank or speaking with your tax advisor is a good place to start. For additional information you can also log on to www.my-healthsavingsaccount.com.

Q: Where can I open a Health Savings Account?

A: CareFirst has made it easy for you to open a health savings account. When you apply for a Personal Comp HSA-compatible plan, your contact information will be sent to our preferred bank, The Bancorp Bank* who will send you an enrollment kit and application to set up your health savings account.

The Bancorp Bank offers Personal Comp HSA members a range of financial investment options once the account balance reaches \$2,500. You’ll also earn a competitive interest rate and be provided with a Bancorp-issued CareFirst Visa® check card and checks to make accessing your money easy. To sign up for an account with The Bancorp Bank, please logon to www.my-healthsavingsaccount.com or call toll-free at (866) 435-1373.

* An independent company that does not provide CareFirst BlueCross BlueShield products or services. The company is solely responsible for its products or services mentioned.

How to Apply

Personal Comp and Personal Comp HSA

Applying for a Personal Comp plan couldn't be easier. To be eligible, each family member applying must be a resident of the state of Maryland, and must complete a medical questionnaire.

Apply Today!

1. Apply through your broker, or
2. Apply online and be approved in as little as 24 hours
<http://carefirst.insurancepickle.com>
3. Fill out and mail the enclosed application. Send no money when you apply. We'll begin processing your application right away.



Steps to apply.

1. Locate the application form in this packet

Be sure to answer all questions accurately and completely, and don't forget to sign your application.

2. Choose a coverage type.

Select from:

- Individual
- Individual and Child(ren)*
- Individual and Adult **
- Family (two eligible adults and eligible dependents)

* "Child" means your eligible child up to age 26. Eligibility requirements are defined in the contract.

** "Adult" means the Spouse or Domestic Partner who satisfies the eligibility requirements defined in the contract.

3. Review the plan benefits and premiums.

The enclosed rate chart, which indicates coverage type and age, shows your monthly premium.

Make sure you check "yes" in the Vision benefit selection area, if you want the additional coverage added to your plan for an additional cost.

Once you have submitted your application, you can call the Application Status Hotline at (877) 746-7515 with questions. Your coverage will become effective the first of the month following the month in which we approve your application.

Compensation and Premium Disclosure Statement

Our compensation to providers who offer health care services and behavioral health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

If you desire additional information about our methods of paying providers, or if you want to know which method(s) apply to your physician, please call our Member Services Department at the number listed on your identification card, or write to:

CareFirst of Maryland, Inc.
doing business as CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
Attention: Member Services

A. Methods of Paying Physicians

The following definitions explain how insurance carriers may pay physicians (or other providers) for your health care services with a simple example of how each payment mechanism works.

The examples show how Dr. Jones, an obstetrician gynecologist, would be compensated under each method of payment.

Salary: A physician (or other provider) is an employee of the HMO and is paid compensation (monetary wages) for providing specific health care services.

Since Dr. Jones is an employee of an HMO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing pre-natal care to Mrs. Smith, who is a member of the HMO, Dr. Jones' salary is unchanged. Although Mrs. Smith's baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have an effect upon Dr. Jones' salary.

Capitation: A physician (or group of physicians) is paid a fixed amount of money per month by an HMO for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services that an individual patient requires.

Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.

Fee-for-Service: A physician (or other provider) charges a fee for each patient visit, medical procedure, or medical service provided. An HMO pays the entire fee for physicians it has under contract and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder.

Dr. Jones' contract with the insurer or HMO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.

Discounted Fee-for-Service: Payment is less than the rate usually received by the physician (or other provider) for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs and the physician (or other provider), who usually gets an increased volume of patients.

Compensation and Premium Disclosure Statement

Like fee-for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each patient visit and each delivery; but under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs, Dr. Jones will be paid a discounted rate by the insurer or HMO.

Bonus: A physician (or other provider) is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs and use of services.

An HMO rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.

Case Rate: The HMO or insurer and the physician (or other provider) agree in advance that payment will cover a combination of services provided by both the physician (or other provider) and the hospital for an episode of care.

This type of arrangement stipulates how much an insurer or HMO will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from the insurer or HMO for the care provided to Mrs. Smith.

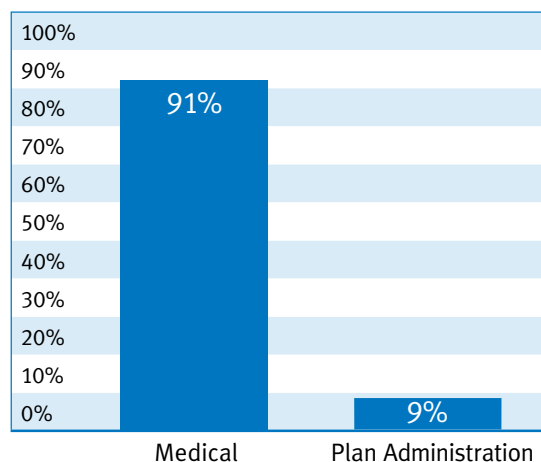
B. Percentage of Provider Payment Methods

For its Indemnity and Preferred Provider Organization (PPO) products, CareFirst of Maryland, Inc. contracts directly with physicians. All physicians are reimbursed on a discounted fee-for-service basis.

C. Distribution of Premium Dollars

The bar graph below illustrates the proportion of every \$100 in premium used by CareFirst of Maryland, Inc. to pay providers (or other providers) for medical care expenses, and the proportion used to pay for plan administration.

These numbers represent an average for all indemnity accounts based on our annual statement. The ratio of direct medical care expenses to plan administration will vary by account.



Rights and Responsibilities

Notice of Privacy Practices

CareFirst BlueCross BlueShield (CareFirst) is committed to keeping the confidential information of members private. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are required to send our Notice of Privacy Practices to members of fully insured groups only. The notice outlines the uses and disclosures of protected health information, the individual's rights and CareFirst's responsibility for protecting the member's health information.

To obtain a copy of our Notice of Privacy Practices, go to www.carefirst.com and click on "Privacy Statement" at the bottom of the page, click on "Health Information" then click on "Notice of Privacy Practices." Or call the Member Services telephone number on your member ID card. Members of self-insured groups should contact their Human Resources department for a copy of their Notice of Privacy Practices. If you don't know whether your employer is self-insured, please contact your Human Resources department.

Member Satisfaction

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

- If your comment or concern is regarding the quality of service received from a CareFirst representative or related to administrative problems (e.g., enrollment, claims, bills, etc.) you should contact Member Services. If you send your comments to us in writing, please include your member ID number and provide us with as much detail as possible regarding any events. Please include your daytime telephone number so that we may contact you directly if we need additional information.
- If your concern or complaint is about the quality of care or quality of service received from a specific provider, contact Member Services. A representative will record your concerns and may request a written summary of the issues. To write to us directly with a quality of care or service concern, you can:
 - › Send an email to: quality.care.complaints@carefirst.com
 - › Fax a written complaint to: (301) 470-5866
 - › Write to: **CareFirst BlueCross BlueShield, Quality of Care Department, P.O. Box 17636, Baltimore, MD 21297**

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if

we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

Maryland:

Maryland Insurance Administration, Inquiry and Investigation, Life and Health,
200 St. Paul Place, Suite 2700,
Baltimore, MD 21202
Phone #: (800) 492-6116 or
(410) 468-2244

Office of Health Care Quality,
Spring Grove Center,
Bland-Bryant Building, 55 Wade Avenue, Catonsville, MD 21228
Phone #: (410) 402-8016 or (877) 402-8218

These procedures are also outlined in your Evidence of Coverage.

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

For assistance in resolving a Billing or Payment Dispute with the Health Plan or a Health Care Provider, contact the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General at:

Health Education and Advocacy Unit, Consumer Protection Division, Office of the Attorney General, 200 St. Paul Place, 16th Floor, Baltimore, MD 21202
Phone #: (410) 528-1840 or (877) 261-8807
Fax #: (410) 576-6571 / web site: www.oag.state.md.us

Hearing Impaired

To contact a Member Services representative, please choose the appropriate hearing impaired assistance number below, based on the region in which your coverage originates.

Maryland Relay Program: (800) 735-2258
National Capital Area TTY: (202) 479-3546
Please have your Member Services number ready.

Rights and Responsibilities

Language Assistance:

Interpreter services are available through Member Services. When calling Member Services, inform the representative that you need language assistance.

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

Confidentiality of Subscriber/ Member Information

All health plans and providers must provide information to members and patients regarding how their information is protected. You will receive a Notice of Privacy Practices from CareFirst or your health plan, and from your providers as well, when you visit their office.

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

Our Responsibilities

We are required by law to maintain the privacy of your PHI, and to have appropriate procedures in place to do so. In accordance with the federal and state Privacy laws, we have the right to use and disclose your PHI for treatment, payment activities and health care operations as explained in the Notice of Privacy Practices. We may disclose your protected health information to the plan sponsor/employer to perform plan administration function. The Notice is sent to all policy holders upon enrollment.

Your Rights

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

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

Inquiries and Complaints

If you have a privacy-related inquiry, please contact the CareFirst Privacy Office at (800) 853-9236 or send an email to privacy.office@carefirst.com.

Members' Rights and Responsibilities Statement Members have the right to:

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

Rights and Responsibilities

Members have a responsibility to:

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

Eligible Individuals' Rights Statement Wellness and Health Promotion Services

Eligible individuals have a right to:

- Receive information about the organization, including wellness and health promotion services provided on behalf of the employer or plan sponsors; organization staff and staff qualifications; and any contractual relationships.
- Decline participation or disenroll from wellness and health promotion services offered by the organization.
- Be treated courteously and respectfully by the organization's staff.
- Communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization's standards of timeliness for responding to and resolving complaints and quality issues.

Habilitative Services

CareFirst provides coverage for habilitative services to members younger than the age of 19. This includes habilitative services to treat congenital or genetic birth defects, including a defect existing at or from birth, a hereditary defect, autism or an autism spectrum disorder, and cerebral palsy.

Habilitative services include speech, physical and occupational therapies. CareFirst must pre-approve all habilitative services. Any deductibles, copayments and coinsurance required under your contract apply. Policy maximums and benefit limits apply. Habilitative services are not counted toward any visit maximum for therapy services.

Please note that any therapies provided through the school system are not covered by this benefit. This coverage applies only to contracts sold to businesses based in Maryland. Check your contract coverage to determine if you are eligible to receive these benefits. If you have questions regarding any of these services, contact Member Services at the telephone number on your member ID card.

Mastectomy-Related Services

CareFirst provides coverage for home visits to members who undergo a mastectomy (the surgical removal of all or part of the breast as a result of breast cancer) or the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member's doctor. To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis. This coverage applies only to contracts sold to businesses based in Maryland. Please check your contract coverage to determine if you are eligible for these surgical procedure benefits.

CareFirst offers other benefits for mastectomy-related services, including:

- All stages of reconstruction of the breast that underwent the mastectomy.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling).

You and your physician will determine the appropriate plan to treat your condition. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits covered under your health plan. Please refer to your Benefit Guide or Evidence of Coverage for more details or call Member Services at the telephone number on your member ID card.

Care for Mothers, Newborns

Under the Newborns' and Mothers' Health Protection Act, CareFirst offers coverage for inpatient hospitalization services for a mother and newborn child for a minimum of:

- 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery.
- 96 hours of inpatient hospitalization care after an uncomplicated cesarean section.

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes:

- A home visit if prescribed by the attending physician.
- The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the mother and newborn have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after hospital discharge and an additional home visit if prescribed by the attending physician.

Experimental/Investigational Services

Please Note: Experimental/Investigational services are not covered under this health plan. CareFirst's definition of Experimental Medical Care also referenced as Experimental/Investigational Services is as follows:

The term "experimental/investigational" describes services or supplies that are in the developmental stages and are in the process of human or animal testing. Services or supplies that do not meet all (5) of the criteria listed below are deemed to be experimental/investigational:

1. The technology* must have final approval from the appropriate government regulatory bodies; and
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes; and
3. The technology must improve the net health outcome; and
4. The technology must be as beneficial as any established alternatives; and
5. The improvement must be attainable outside the investigational setting.

* *Technology includes drugs, devices, processes, systems or techniques.*

Policy Form Numbers:
CFMI/DB/PERS COMP (5/07)
CFMI/DB/HSA (10/08)
as amended.

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.



*Benefits provided under the Agreement are not a grandfathered health
benefit plan under the Patient Protection and Affordable Care Act.*

CareFirst BlueCross BlueShield is an independent licensee of the Blue Cross and Blue Shield Association, providing access to the Preferred Provider Organization Network only and does not assume any financial risk or obligation with respect to claims.
®Registered trademark of the Blue Cross and Blue Shield Association. ®Registered trademark of CareFirst of Maryland, Inc.