

# ATTENTION

Please note that the Conditions of Enrollment on page 3 of the application for enrolling in the BlueChoice Open Enrollment plan have changed.

You **must** include proof of DC residency with your application. Acceptable forms of documentation include:

- A copy of the front of your current DC driver's license or DC ID card
- A copy of your utility bill
- A copy of your rental agreement
- A copy of your DC voter registration card
- A copy of your DC Resident Income Tax return
- A copy of your property taxes

**Without this documentation, your application cannot be processed.**

If you have any questions about the plan or need assistance, please call our Product Specialists at **1-877-634-1256**.

Thank you.

# Individual CareFirst BlueChoice Open Enrollment Application



OFFICE USE ONLY:

(District of Columbia Residents)

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

## INSTRUCTIONS

- Please fill out all applicable spaces on this application. Print or type all information.
- Be sure to select a **Primary Care Physician (PCP) and PCP ID number** for all enrolled applicants.
- 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:**  
**1-877-877-5801 OR 1-410-796-7456**

**MAIL TO:**  
**APPLICATION PROCESSING**  
**5965 SANDY RIDGE**  
**ELKRIDGE, MD 21075**

**REFAX IF YOU HAVE NOT RECEIVED A CONFIRM E-MAIL WITHIN 48 HOURS.**

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

Last Name		First Name		Initial	Social Security #
Residence Address: (Number and Street, Apt. #)			Ward	City and State	Zip Code (9-digit, if known)
Billing Address, if different from Residence Address: (Number and Street, Apt. #)			Ward	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"/> Domestic Partnership			
Home Phone ( ) ( )	Work/Cell Phone ( ) ( )	E-mail Address			
Name of Primary Care Physician (PCP)				PCP ID Number	

## 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	Medical Center or PCP Name (Include PCP ID#)
Spouse/ Domestic Partner						<input type="checkbox"/> M <input type="checkbox"/> F	Name PCP ID#
Dependent 1						<input type="checkbox"/> M <input type="checkbox"/> F	Name PCP ID#
Dependent 2						<input type="checkbox"/> M <input type="checkbox"/> F	Name PCP ID#
Dependent 3						<input type="checkbox"/> M <input type="checkbox"/> F	Name PCP ID#
Dependent 4						<input type="checkbox"/> M <input type="checkbox"/> F	Name PCP ID#

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		

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#### 4. COVERAGE LEVEL

PCP/Specialist Copay	Inpatient Hospital	Prescription Drug
\$10/\$20	\$500 per admission	\$100 deductible, \$10/\$60/\$80, \$1,500 max

#### 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 BlueChoice 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. ADDITIONAL INFORMATION (OPTIONAL)

**INDICATE TOTAL ANNUAL HOUSEHOLD INCOME INCLUDING WAGES, SOCIAL SECURITY, INVESTMENT INCOME, ALIMONY ETC.**

(Check one)

\$0 – \$12,490       \$25,001 – \$35,000       \$45,001 – \$55,000       \$65,001 – \$75,000

\$12,491 – \$25,000       \$35,001 – \$45,000       \$55,001 – \$65,000       \$75,001 or more

CareFirst BlueChoice, Inc. invites you to voluntarily identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

American Indian/Alaska Native       Asian       Black/African American

Hispanic/Latino       Native Hawaiian/Other Pacific Islander

Not Specified       White

## 7. CONDITIONS OF ENROLLMENT — Please Read This Section Carefully

### IT IS UNDERSTOOD AND AGREED THAT:

A copy of this application is available to the Subscriber (or to a person authorized to act on his/her behalf) upon request, from CareFirst BlueChoice, Inc. (CareFirst BlueChoice). The information provided on this application is subject to verification. To do so, you acknowledge that CareFirst could use information from our own systems, or information available from a commercial third party data provider. Further, you acknowledge that this information will be used, in part, to determine your eligibility.

At any time during membership in the HMO Open Enrollment plan, CareFirst BlueChoice has the right to require proof of residency in the District of Columbia. Acceptable forms of documentation include:

- A copy of the front of your current DC driver's license or DC ID card
- A copy of your utility bill
- A copy of your rental agreement
- A copy of your voter registration card
- A copy of your DC Resident Income Tax Return
- A copy of your property taxes

To the best of my knowledge and belief, all statements made on this application are complete, true and correctly recorded. They are representations made to induce the issuance of, and form part of the consideration for a CareFirst BlueChoice policy. Failure to complete any section may delay the processing of your application and/or claims payment.

**IF YOU HAVE ANY QUESTIONS CONCERNING THE BENEFITS AND SERVICES THAT ARE PROVIDED BY, OR EXCLUDED UNDER, THIS AGREEMENT, PLEASE CONTACT A PRODUCT SPECIALIST AT (800) 544-8703, BEFORE SIGNING THIS APPLICATION.**

**WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**

Signature of Applicant 1:\* X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant 2: X \_\_\_\_\_ Date: \_\_\_\_\_  
(Spouse/Domestic Partner)

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

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.

Signature of Parent or Legal Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Eligible Dependent: X \_\_\_\_\_ Date: \_\_\_\_\_

Must be 18 years of age or older

### 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/Domestic Partner)

# CareFirst BlueChoice Open Enrollment

District of Columbia



In-Network: **Deductible: \$0** **Out-of-Pocket Maximum: \$2,500**

Prescription: \$10 Generic Copay, \$60 Preferred Brand Copay, \$80 Non-Preferred Brand Copay  
\$100 Deductible, No Annual Maximum

Monthly Premium Rates Effective: August 1, 2011

Age at Effective Date*	Individual	Individual & Child(ren)	Individual & Adult	Family
0-5	\$123			
6-18	\$109	\$185	\$218	\$293
19-20	\$163	\$276	\$323	\$432
21	\$163	\$276	\$323	\$432
22	\$163	\$276	\$323	\$432
23	\$163	\$276	\$323	\$432
24	\$163	\$276	\$323	\$432
25	\$163	\$276	\$323	\$432
26	\$163	\$276	\$323	\$432
27	\$163	\$276	\$323	\$432
28	\$163	\$276	\$323	\$432
29	\$163	\$276	\$323	\$432
30	\$163	\$276	\$323	\$432
31	\$163	\$276	\$323	\$432
32	\$163	\$276	\$323	\$432
33	\$167	\$283	\$332	\$444
34	\$174	\$294	\$346	\$461
35	\$181	\$305	\$359	\$480
36	\$187	\$317	\$373	\$497
37	\$194	\$330	\$388	\$517
38	\$201	\$344	\$404	\$538
39	\$209	\$354	\$419	\$558
40	\$218	\$370	\$434	\$580
41	\$225	\$383	\$453	\$602
42	\$235	\$400	\$470	\$627
43	\$243	\$415	\$489	\$652
44	\$254	\$431	\$506	\$678
45	\$264	\$448	\$526	\$703
46	\$274	\$466	\$546	\$732
47	\$286	\$484	\$569	\$758
48	\$296	\$502	\$591	\$790
49	\$308	\$522	\$613	\$821
50	\$319	\$542	\$638	\$851
51	\$332	\$564	\$662	\$885
52	\$346	\$587	\$689	\$921
53	\$359	\$609	\$716	\$957
54	\$373	\$633	\$745	\$992
55	\$386	\$657	\$774	\$1,033
56	\$402	\$683	\$803	\$1,073
57	\$417	\$710	\$834	\$1,115
58	\$432	\$736	\$868	\$1,158
59	\$451	\$765	\$901	\$1,202
60	\$468	\$796	\$936	\$1,249
61	\$487	\$827	\$972	\$1,297
62	\$487	\$827	\$972	\$1,297
63	\$487	\$827	\$972	\$1,297
64	\$487	\$827	\$972	\$1,297
65	\$487	\$827	\$972	\$1,297
65+ Medicare Eligibles	\$487	\$827	\$972	\$1,297

\* If you are age 65 or older, you can only apply for CareFirst BlueChoice Open Enrollment if you are NOT eligible for Medicare.

Policy Form Numbers:

DC/CFBC/DB/IEA OE (2/10) • DC/CFBC/DOCS OE (2/10) • DC/CFBC/DB/SOB OE (2/10) • DC/CFBC/DB/ELIG OE (2/10) • DC/CFBC/DB/RX OE (2/10) • DC/CFBC/DB/DENTAL OE (2/10) • DC/BC-OOP/VISION (R. 6/04) • DC/CFBC/DOL APPEAL (3/06) And any amendments

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BlueChoice<sup>®</sup>

*More to feel good about.<sup>®</sup>*



# CareFirst BlueChoice Open Enrollment

*District of Columbia*

# Welcome

We are pleased to offer you enrollment in our CareFirst BlueChoice Open Enrollment Health Maintenance Organization (HMO) plan. CareFirst BlueChoice Open Enrollment offers you more than a medical care plan. You will also receive prescription drug, dental and vision coverage, all in one plan.

If you are a District of Columbia resident under the age of 65, or over the age of 65 and not receiving Medicare benefits, you can obtain coverage regardless of your health condition. Because this is an Open Enrollment plan, you are not required to answer any medical questions. Your coverage is guaranteed.\*

CareFirst BlueChoice Open Enrollment aims to keep you and your family healthy by offering a wide range of preventive care benefits including well-child and pediatric care, annual physicals, mammograms, PAP tests, prostate screenings and immunizations – all at no charge if performed in the doctor's office.

Take a look at the additional benefits CareFirst BlueChoice Open Enrollment can offer you and your family:

- **Choose from over 26,000** doctors, specialists and 68 hospitals in Maryland, the District of Columbia and Northern Virginia.
- **No medical deductible to meet** before you can start using your medical benefits.
- **No charge** – not even a copay – for preventive office visits and screenings.
- **Predictable copays** for primary (\$10) and specialists (\$20) office visits.
- **Hospital services** for one facility copay per admission.
- **Prescription drug coverage** with predictable copays once you meet your prescription drug deductible.
- **Around the clock advice** with a 24 hour per day, 7 day a week health care advice line, FirstHelp™, staffed by registered nurses.
- **Dental and Vision care** benefits included to enhance your health care plan.

\* Enrollment will be capped at 2,500 contracts.



# CareFirst BlueChoice Open Enrollment

## *How the Plan Works*

### Your Health Care Team

You and your family members each choose a Primary Care Physician (PCP) from the CareFirst BlueChoice regional network to coordinate all of your health care needs. Your PCP oversees your routine and preventive care, administers your prescriptions, becomes familiar with your medical history and works closely with you to help make your medical decisions. When specialized care is needed, your PCP will recommend a specialist within the CareFirst BlueChoice network.

### Choose a PCP

Refer to the enclosed provider directory to choose your PCP. For the most up-to-date listing, the CareFirst BlueChoice provider directory is available and updated every 15 days at [www.carefirst.com/doctor](http://www.carefirst.com/doctor). You may also call your doctor to see if he or she participates.

### Preventive Care

CareFirst BlueChoice Open Enrollment strives to keep you healthy – emphasizing prevention, early detection and early treatment. We work with you to help prevent illness by offering you annual routine exams, office visits and screenings at no charge. We encourage you to seek care when it is first needed, rather than waiting.

### Well-Child Care

CareFirst BlueChoice Open Enrollment wants to start your children on the road to good health with coverage for all childhood immunizations and checkups. We encourage parents to take advantage of this most important service.

### Women's Health / Men's Health

CareFirst BlueChoice Open Enrollment provides women's and men's preventive health coverage such as routine mammograms and prostate screenings and PAP tests –all at no charge to you. And women do not need a referral for gynecological care as long as care is provided by a CareFirst BlueChoice OB/GYN.

### Hospitalization

Don't worry. If you receive care through your PCP, you are covered. We'll take care of you with hospitalization, including all physician charges for covered services, for one facility copay per admission.

### No Hassle Billing

You pay no medical deductible and just a predictable, per visit, copayment. In addition, CareFirst BlueChoice Open Enrollment provides direct reimbursement to your doctor, which means no claims to file.

# CareFirst BlueChoice Open Enrollment

## Benefits At-a-Glance

Services	You Pay
<b>GENERAL INFORMATION</b>	
Member Deductible	\$0
Out-of-Pocket Maximum	
■ Individual	\$2,500
■ Individual & Child(ren)*/Individual & Adult**	\$5,000
■ Family	\$5,000
Lifetime Maximum	No lifetime maximum
<b>PREVENTIVE SERVICES AND OFFICE VISITS</b>	
Well-Child - Exams & Immunizations through age 17	No charge for office visits and screenings
Adult Routine Preventive Health	No charge for office visits and screenings
Routine Gynecological Visits (No Charge for Pap Smear)	No charge for office visits and screenings
Mammography Screenings	No copay
Prostate Screening Visits (No Charge for PSA test)	No copay
Colorectal Cancer Screening (in accordance with the most current American Cancer Society guidelines)	No copay
Allergy Testing and Treatment	\$10 PCP/\$20 Specialist
Annual Routine Eye Exam at designated Davis Vision provider (optometrists or ophthalmologists)	\$10
Hearing Screening	\$10 PCP/\$20 Specialist
<b>OUTPATIENT MEDICAL AND SURGICAL SERVICES</b>	
Physician Office Visit for Illness	\$10 PCP/\$20 Specialist
Spinal Manipulation	\$10 PCP/\$20 Specialist
Surgical Services-Professional	\$10 PCP/\$20 Specialist
Surgical Services-Hospital or Other Facility	\$50 facility copay
Diagnostic Procedures	\$10 PCP/\$20 Specialist
X-rays and Lab Tests at Plan Facilities	No copay
<b>INPATIENT HOSPITAL SERVICES</b>	
365 Days Room and Board (Semi-Private Room)	\$500 facility copay per admission
Medical and Surgical Services	No copay
Prescription Drugs (Inpatient)	No copay
<b>EMERGENCY OR URGENT CARE</b>	
Plan-Affiliated Urgent Care Facility	\$20
Hospital Emergency Room or Non-Plan Facility (waived if admitted)	\$50
Ambulance	No copay

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

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

# CareFirst BlueChoice Open Enrollment

## Benefits At-a-Glance

Services	You Pay
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>	
Outpatient services	Visits 1-40: 25% of the Allowed Benefit Visits 41+: 40% of the Allowed Benefit
Inpatient Facility Services (Limited to 60 days per benefit period)	\$500 facility copay per admission
Inpatient Professional Services (Limited to one visit per day during a covered admission)	No copay
<b>MATERNITY SERVICES</b>	
Prenatal and Postnatal Care	Not covered
Room and Board	\$500 facility copay per admission
In-Patient Physician Services	Not covered
Nursery Care of Newborn	No copay
<b>PRESCRIPTION DRUGS</b>	
Annual Deductible	\$100 Individual, \$200 Individual & Adult, Individual & Child(ren), Family
Tier 1 – Generic copay	\$10
Tier 2 – Preferred Brand copay	\$60
Tier 3 – Non-Preferred Brand copay	\$80

## Prescription Drug Program

Prescription drug coverage is included in your health care plan. Once you have met your prescription drug deductible, your 3 Tier program covers up to a 34-day supply of non-maintenance medication and up to a 90-day supply of maintenance medication. Prescription drugs must be filled through a retail pharmacy or the Walgreens\* mail service pharmacy.

You can use your card at more than 62,000 participating chain and independent pharmacies. And when you visit a participating pharmacist there are no claims to file.

Please note that the prescription drug benefits are subject to separate deductibles, and copayments. Generics must be chosen when available or an additional expense will need to be paid. Self-injectable drugs are covered at a 50% coinsurance up to a maximum copay of \$75 per covered injectable medication.

Visit [www.carefirst.com/rx](http://www.carefirst.com/rx) for more information.

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

# CareFirst BlueChoice Open Enrollment

## Dental and Vision Coverage

### Dental (Included)

Regular preventive dental care is an important part of staying healthy. As a BlueChoice Open Enrollment member, your dental coverage, *Individual Select Preferred*, is included with your medical plan.

*Individual Select Preferred* combines the freedom to select any dentist from a large regional network with comprehensive coverage of preventive and diagnostic dental services including examinations, cleanings and x-rays. These services are covered in full when visiting an in-network provider. You'll also have the option to seek routine treatment from non-participating providers but you will pay more.\*

As an *Individual Select Preferred* member, you receive discounts on additional dental procedures, including fillings, crowns, and orthodontia just by showing your dental card. To take advantage of these reduced rates, you must visit a participating dentist.\*\*

If you would like more information about the *Individual Select Preferred* dental plan, then please contact a Product Specialist at 1-877-634-1256.

*\* NOTE: CareFirst payments are based on the CareFirst Allowed Benefit. Participating dentists accept 100% of the Allowed Benefit from CareFirst as payment in full for covered services. If you visit a non-participating dentist for routine services, you must submit a claim form to CareFirst for reimbursement. You will be responsible for the difference between the CareFirst Allowed Benefit and a non-participating provider's full charges.*

*\*\* This portion of the plan is not an insurance product. Member charges are based on CareFirst allowances with the participating providers. Since rates vary by provider, members should check with their participating dentist to determine the costs of specific procedures. Members must pay these reduced rates directly to the provider during the office visit.*

### Vision (Included)

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

To locate a vision provider, contact Davis Vision at (800) 783-5602 or visit [www.carefirst.com/doctor](http://www.carefirst.com/doctor).



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

# Apply Today for CareFirst BlueChoice Open Enrollment

Applying for CareFirst BlueChoice Open Enrollment is easy. Each family member applying must be a resident of the District of Columbia.

You may apply through your broker, or follow these steps:

## 1. Choose a coverage type. You can select:

- Individual
- Individual and Child(ren)\*
- Individual and Adult\*\*
- Family [Two eligible adults and eligible dependent(s)]

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

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

## 2. Review the plan benefits and premiums.

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

## 3. Locate the application form in this packet.

Be sure to complete and sign your application. *Have you included your proof of residency?* Acceptable forms of documentation include:

- A copy of the front of your current DC driver's license/DC ID card
- A copy of your utility bill
- A copy of your rental agreement
- A copy of your voter registration card
- A copy of your DC Resident Income Tax Return
- A copy of your property taxes

*Have you included your ward number?* If you do not know your ward number, then the DC Council provides the following web address to help you: [www.dccouncil.washington.dc.us/zipcodes](http://www.dccouncil.washington.dc.us/zipcodes).

If you need further assistance, please call one of our Product Specialists, at 1-877-634-1256.

## 4. Mail your application!

Send your application in the enclosed envelope or mail to:

CareFirst BlueCross BlueShield  
**attn: Application Processing**  
**5965 Sandy Ridge**  
**Elkridge, MD 21075**

### ***Send no money when you apply.***

We'll begin processing your application right away! The review process takes 2-4 weeks. Once you have submitted your application, you can call the Application Status Hotline toll free at **(877) 746-7515**.

Your coverage will become effective the first of the month following the month in which we approve your application. We'll send you your identification card(s) and everything else you need to take full advantage of your CareFirst BlueChoice Open Enrollment coverage.

As a CareFirst BlueChoice Open Enrollment 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](http://www.carefirst.com/options) to learn more.

### Nurse Line

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.

### Away From Home Care

You and your family have access to routine and urgent care when you're away from home for 90 consecutive days or more. Whether you're out of town on extended business, travel or attending school out of the area, you'll have ongoing access to the care you need.

### My Care First Website

Take an active role in managing your health and visit My Care First at [www.carefirst.com/mycarefirst](http://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](http://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

Start by taking our Health Assessment, a confidential survey on your lifestyle choices that includes topics like nutrition, physical activity and tobacco use. You can also record your health measurements, including blood pressure, cholesterol, blood sugar and body mass index. After completing the Health Assessment, you will receive a personalized health report on your current health status. The report will identify health risk factors and discuss the likelihood of developing chronic conditions like heart disease, high blood pressure and diabetes. The purpose of the Health Assessment is to give you the information and tools you need to make positive lifestyle choices and improve your quality of life.

To access the Health Assessment, go to [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount) and enter your user name and password. Click on Health Assessment and Coaching; then click on Assessments on the left side of the page.

### **Health Advising**

After you complete the Health Assessment, 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.



# Privacy Practices

## *Our Commitment to Our Members*

When you apply for any type of insurance, you disclose information about yourself and/or members of your family. The collection, use and disclosure of this information are regulated by law. Safeguarding your personal information is something that we take very seriously at CareFirst. CareFirst is providing this notice to inform you of what we do with the information you provide to us.

### **Categories of Personal Information We May Collect**

We may collect personal, financial and medical information about you from various sources, including:

- Information you provide on applications or other forms, such as your name, address, social security number, salary, age and gender.
- Information pertaining to your relationship with CareFirst, its affiliates or others, such as your policy coverage, premiums and claims payment history.
- Information (as described in preceding paragraphs) that we obtain from any of our affiliates.
- Information that we receive about you from other sources, such as your employer, your provider and other third parties.

### **How Your Information Is Used**

We use the information we collect about you in connection with underwriting or administration of an insurance policy or claim, or for other purposes allowed by law. At no time do we disclose your personal, financial and medical information to anyone outside of CareFirst unless we have proper authorization from you or we are permitted or required to do so by law. We maintain physical, electronic and procedural safeguards in accordance with federal and state standards that protect your information.

In addition, we limit access to your personal, financial and medical information to those CareFirst employees, brokers, benefit plan administrators, consultants, business partners, providers and agents who need to know this information to conduct CareFirst business or to provide products or services to you.

### **Disclosure of Your Information**

In order to protect your privacy, affiliated and nonaffiliated third parties of CareFirst are subject to strict confidentiality laws. Affiliated entities are companies that are a part of the CareFirst corporate family and include health maintenance organizations, third party administrators, health insurers, long-term care insurers and insurance agencies. In certain situations, related to our insurance transactions involving you, we disclose your personal, financial and medical information to a nonaffiliated third party that assists us in providing services to you. When we disclose information to these critical business partners, we require these business partners to agree to safeguard your personal, financial and medical information and to use the information only for the intended purpose, and to abide by the applicable law. The information CareFirst provides to these business partners can only be used to provide services we have asked them to perform for us or for you and/or your benefit plan.

### **Changes in Our Privacy Policy**

CareFirst periodically reviews its policies and reserves the right to change them. If we change the substance of our privacy policy, we will continue our commitment to keep your personal, financial and medical information secure – it is our highest priority. Even if you are no longer a CareFirst customer, our privacy policy will continue to apply to your records. You can always review our current privacy policy online at [www.carefirst.com](http://www.carefirst.com).

# Medicare Eligibility

This information applies to Medicare-eligible applicants only.

## Important Notice From CareFirst and CareFirst BlueChoice About This Prescription Drug Coverage and Medicare

Please read this notice carefully, and keep it where you can find it. This notice has information about the offered prescription drug coverage with CareFirst BlueCross BlueShield and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

1. CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice) have determined that the prescription drug coverage offered in the individual CareFirst BlueChoice, BluePreferred, Personal Comp and Catastrophic health benefit plans with drug, on average for all plan participants, is NOT expected to pay out as much as the new standard Medicare prescription drug coverage. *This is important, because for most people, enrolling in Medicare prescription drug coverage during the initial eligibility period means you will get more assistance with drug costs.*
2. You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you enroll. Read this notice carefully - it explains your options.

### Consider enrolling in Medicare prescription drug coverage.

The Prescription Drug Coverage you would have with this Plan is on average for all plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay. You may want to consider enrolling in a Medicare Prescription Drug Plan.

Once you reach the end of your initial period of Medicare eligibility, if you go 63-days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your premium for Medicare Prescription Drug Coverage will go up at least 1% per month of the national base price for every month that you did not have prescription coverage that is as good as the Medicare Prescription Drug Coverage. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. For example, if you go 19-months without coverage, your premium will always be at least 19% higher than what most people pay.

You are eligible to enroll in a Medicare Prescription Drug Program during your initial period of Medicare eligibility. After your initial eligibility you can only join a Medicare Prescription Drug Plan between November 15 and December 31 of any year. This may mean the number of months you have to wait for coverage will be longer, which could make your premium higher.

Medi-CareFirst BlueCross BlueShield, a member of the CareFirst Blue Cross and Blue Shield family of health plans, offers two Medicare Prescription Drug Plans (for Maryland, D.C. and Delaware residents only). For information on these products please call 1-888-784-0790 (TTY/TDD 1-888-784-0868).

Your Individual Health Plan Coverage through CareFirst pays for other health expenses, in addition to prescription drugs. You would still be eligible to receive health and prescription drug benefits if you choose to enroll in a Medicare Prescription Drug Plan and remain in your individual health plan.

**Compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.**

For further information please call the Individual Sales Department at 1-888-784-0790 or (TTY/TDD 1-888-784-0868), 8:00 am - 8:00 pm., 7 days a week. NOTE: You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy. For people with limited income and resources, extra help paying for a Medicare Prescription Drug Plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online 1-800-772-1213 (TTY/TDD 1-800-325-0778).

**You can also get more information about Medicare Prescription Drug Plans from these places:**

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.



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

Policy Form Numbers:  
DC/CFBC/DB/IEA OE (2/10)  
DC/CFBC/DOCS OE (2/10)  
DC/CFBC/DB/SOB OE (2/10)  
DC/CFBC/DB/ELIG OE (2/10)  
DC/CFBC/DB/RX OE (2/10)  
DC/CFBC/DB/DENTAL OE (2/10)  
DC/BC-OOP/VISION (R. 6/04)  
DC/CFBC/DOL APPEAL (3/06)  
and any amendments



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

CareFirst BlueChoice, Inc. 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.