BlueChoice Advantage Summary of Benefits

Services	In-Network You Pay[1,2]	Out-of-Network You Pay[1,3]
	Visit www.carefirst.com/doctor to locate providers and facilities	
24-HOUR NURSE ADVICE LINE		
Free advice from a registered nurse. Visit **www.carefirst.com/needcare** to learn more about your options for care.	When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	
WELLBEING PROGRAM & BLUE REWARDS		
Visit **www.carefirst.com/wellbeing** for more information.	You have access to a comprehensive wellbeing program as part of your medical plan. You also have Blue Rewards, an incentive program where you can get rewarded for completing certain activities.	
ANNUAL DEDUCTIBLE (Benefit period)[4]		
Individual	None	$500
Family	None	$1,000
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)[5]		
Medical[6]	$4,500 Individual/$9,000 Family	$6,500 Individual/$13,000 Family
Prescription Drug[6]	Combined with in-network medical out-of-pocket maximum	All drug costs are subject to in-network out-of-pocket maximum
PREVENTIVE SERVICES		
Well-Child Care (including exams & immunizations)	No charge*	No charge*
Adult Physical Examination (including routine GYN visit)	No charge*	No charge* after deductible
Breast Cancer Screening	No charge*	No charge*
Pap Test	No charge*	No charge*
Prostate Cancer Screening	No charge*	No charge* after deductible
Colorectal Cancer Screening	No charge*	No charge* after deductible
PCP AND SPECIALIST SERVICES		
FACILITY CHARGE[7]—In addition to the physician copays/coinsurances listed below, if a service is rendered on a hospital campus, ADD facility charge if applicable	$150 per visit	Deductible, then 20% of Allowed Benefit
Office Visits for Illness—PCP[7,8]	Virtual Connect Plus through selected providers, including CloseKnit[9] - No charge* (**www.carefirst.com/virtualconnect**) All other providers - $10 per visit	Deductible, then 20% of Allowed Benefit
Convenience Care (retail health clinics such as CVS MinuteClinic)	$10 per visit	Deductible, then 20% of Allowed Benefit
Office Visits for Illness—Specialist[7,8]	$20 per visit	Deductible, then 20% of Allowed Benefit
Allergy Testing[7]	$20 per visit	Deductible, then 20% of Allowed Benefit
Allergy Shots[7]	$20 per visit	Deductible, then 20% of Allowed Benefit
Physical, Speech, and Occupational Therapy[7,10] (limited to 30 visits/injury/benefit period)	$20 per visit	Deductible, then 20% of Allowed Benefit
Chiropractic Services[7] (limited to 20 visits/benefit period)	$20 per visit	Deductible, then 20% of Allowed Benefit
Acupuncture[7] (limited to 20 visits/benefit period)	$20 per visit	Deductible, then 20% of Allowed Benefit

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EMERGENCY SERVICES		
Urgent Care Center[11] (such as Patient First or Express Care)	$40 per visit	$120 per visit
Hospital Emergency Room Services[11]		
■ Facility	$200 per visit (waived if admitted)	$200 per visit (waived if admitted)
■ Physician	No charge*	No charge*
Ambulance[11] (if medically necessary)	$50 per service	$50 per service
DIAGNOSTIC SERVICES		
Labs[12]		
■ Non-Hospital/Freestanding Facility	$10 per visit	Deductible, then 20% of Allowed Benefit
■ Hospital	$100 per visit	Deductible, then 20% of Allowed Benefit
X-ray[12]		
■ Non-Hospital/Freestanding Facility	$20 per visit	Deductible, then 20% of Allowed Benefit
■ Hospital	$150 per visit	Deductible, then 20% of Allowed Benefit
Imaging[12]		
■ Non-Hospital/Freestanding Facility	$60 per visit	Deductible, then 20% of Allowed Benefit
■ Hospital	$200 per visit	Deductible, then 20% of Allowed Benefit
HOSPITALIZATION—(Members are responsible for both physician and facility fees)		
Outpatient Surgical Center Services		
■ Facility	$100 per visit	Deductible, then 20% of Allowed Benefit
■ Physician	$20 per visit	Deductible, then 20% of Allowed Benefit
Outpatient Hospital Surgical Services		
■ Facility	$200 per visit	Deductible, then 20% of Allowed Benefit
■ Physician	$20 per visit	Deductible, then 20% of Allowed Benefit
Inpatient Hospital Services		
■ Facility	$300 per day ($1,500 maximum per admission)	Deductible, then 20% of Allowed Benefit
■ Physician	$20 per visit	Deductible, then 20% of Allowed Benefit
HOSPITAL ALTERNATIVES		
Home Health Care	No charge*	Deductible, then 20% of Allowed Benefit
Hospice (Inpatient—limited to 30 days; Outpatient—unlimited during Hospice eligibility period)	No charge*	Deductible, then 20% of Allowed Benefit
Skilled Nursing Facility (limited to 60 days/benefit period)	$200 per admission	Deductible, then 20% of Allowed Benefit
MATERNITY		
Preventive Prenatal and Postnatal Office Visits	No charge*	Deductible, then 20% of Allowed Benefit
Delivery and Facility Services	$300 per day ($1,500 maximum per admission)	Deductible, then 20% of Allowed Benefit
Artificial and Intrauterine Insemination[7,13,14]	Benefits are available to the same extent as benefits provided for other services	Benefits are available to the same extent as benefits provided for other services
In Vitro Fertilization Procedures[7,13,14]	Benefits are available to the same extent as benefits provided for other services	Benefits are available to the same extent as benefits provided for other services

BlueChoice Advantage Summary of Benefits

Services	In-Network You Pay[1,2]	Out-of-Network You Pay[1,3]
MENTAL HEALTH AND SUBSTANCE USE DISORDER—(Members are responsible for both physician and facility fees)		
Office Visits	Virtual Connect Plus through selected providers, including CloseKnit[9] - No charge* (**www.carefirst.com/virtualconnect**) All other providers - $10 per visit	Deductible, then 20% of Allowed Benefit
Outpatient Services		
■ Facility	$60 per visit	Deductible, then 20% of Allowed Benefit
■ Physician	$20 per visit	Deductible, then 20% of Allowed Benefit
Inpatient Services		
■ Facility	$300 per day ($1,500 maximum per admission)	Deductible, then 20% of Allowed Benefit
■ Physician	$20 per visit	Deductible, then 20% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	25% of Allowed Benefit	45% of Allowed Benefit
Hearing Aids	Not covered	Not covered
VISION		
Routine Exam (limited to 1 visit/benefit period)	$10 per visit at participating vision provider	Total charge minus $33 Allowed Benefit
Eyeglasses and Contact Lenses	Discounts from participating vision centers	Not covered

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

* No copayment or coinsurance.

1 When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.
2 In-network: When covered services are rendered in Maryland, Washington D.C. and/or Northern Virginia, collectively known as the CareFirst BlueChoice service area, by a provider in the CareFirst BlueChoice Provider network, care is reimbursed at the in-network level. In-network benefits are based on the CareFirst BlueChoice Allowed Benefit. The CareFirst BlueChoice Allowed Benefit is generally the contracted rates or fee schedules that CareFirst BlueChoice providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueChoice, Inc., however, in certain circumstances, an allowance may be established by law. Outside of the CareFirst BlueChoice service area, when covered services are rendered by a provider in the preferred provider network, care is also covered at the in-network level.These in-network benefits are based on the contracted rates or fee schedules that preferred providers have agreed to accept as payment for covered services that are established by the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.
3 Out-of-network: When covered services are rendered by a provider that is not in the CareFirst BlueChoice network in Maryland, Washington D.C. or Northern Virginia, or is not in the preferred provider network outside of CareFirst BlueChoice service area, the care is reimbursed as out-of-network. Out-of-network benefits are based on the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that are established by CareFirst BlueChoice, or the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.
4 For family coverage only: When one family member meets the individual deductible, they can start receiving benefits. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the remaining family members can start receiving benefits.
5 For family coverage only: When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the Allowed Benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the Allowed Benefit. The out-of-pocket maximum includes deductibles, copays and coinsurance.
6 Plan has integrated medical and prescription drug out-of-pocket maximum.
7 If a service is rendered on a hospital campus you could receive two bills, one from the physician and one from the facility.
8 "Telemedicine services" refers to the use of a combination of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. Use of audio-only telephone, electronic mail message (e-mail), or facsimile transmission (FAX) is not considered a telemedicine service. Providers will use their professional judgment to determine if a telemedicine visit is appropriate or if an in-person visit is required.
9 CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing in person and telehealth services to CareFirst members. Atlas Health, LLC is a corporate affiliate within the CareFirst, Inc. corporate umbrella of companies.
10 There are no limits for children under age 21 when Physical, Speech or Occupational Therapy is included as part of Habilitative Services.
11 If the out-of-network benefit is listed as contributing toward the in-network deductible, then it also contributes toward the in-network out-of-pocket maximum.
12 Members accessing laboratory tests, x-rays, and specialty imaging services inside the CareFirst Service Area (Maryland, D.C., Northern Virginia) must use a designated Contracting Provider and/or Contracting Facility which may include a non-hospital/freestanding facility for In-Network benefits. Services performed by any other provider while inside the CareFirst Service Area will be considered Out-of-Network. Members accessing laboratory tests, x-rays, and specialty imaging services outside the CareFirst Service Area may use any participating BlueCard PPO facility and receive In-Network benefits.
13 Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment options for infertility. Preauthorization required.
14 Infertility services will be paid the same as other medical services including Office Visits, Surgery, General Ancillary, Lab, and Radiology benefits.

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

The benefits described are issued under form numbers: DC/CFBC/GC (R. 1/24); DC/CFBC/LG/POS/EOC (1/25); DC/CFBC/DOL APPEAL (R. 1/22); DC/CFBC/LG/POS/DOCS (1/25); DC/CFBC/LG/POS/SOB (1/25); DC/CFBC/RX3 (R. 1/25); DC/CFBC/LG/SELECT PROV (1/25); DC/CFBC/LG/INCENT (R. 1/25); DC/CFBC/ATTC (R. 1/10) and any amendments.

CareFirst
Family of health care plans