

BlueChoice Opt-Out Plus Open Access Summary of Benefits

Services	In-Network You Pay ¹	Out-of-Network You Pay ¹
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)²		
Individual	None	\$300
Family	None	\$600
ANNUAL OUT-OF-POCKET MAXIMUM (Benefit period)³		
Medical ⁴	\$2,000 Individual/\$4,000 Family	\$3,000 Individual/\$6,000 Family
Prescription Drug ⁴	\$4,500 Individual/\$9,000 Family	All drug costs are subject to in-network out-of-pocket maximum
LIFETIME MAXIMUM BENEFIT		
Lifetime Maximum	None	None
PREVENTIVE SERVICES		
Well-Child Care (including exams & immunizations)	No charge*	20% of Allowed Benefit
Adult Physical Examination (including routine GYN visit)	No charge*	Adult Physical Examination - Not covered Routine GYN visit - Deductible, then 20% of Allowed Benefit
Breast Cancer Screening	No charge*	No charge*
Pap Test	No charge*	No charge*
Prostate Cancer Screening	No charge*	No charge*
Colorectal Cancer Screening	No charge*	No charge*
OFFICE VISITS, LABS AND TESTING		
Office Visits for Illness	Virtual Connect Plus through selected providers, including CloseKnit ⁵ - No charge* PCP visits (www.carefirst.com/virtualconnect) All other providers - \$10 PCP/ \$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Imaging (MRA/MRS, MRI, PET & CAT scans) ⁶	No charge*	Deductible, then 20% of Allowed Benefit
Lab ⁶	No charge*	Deductible, then 20% of Allowed Benefit
X-ray ⁶	No charge*	Deductible, then 20% of Allowed Benefit
Allergy Testing	\$10 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Allergy Shots	\$10 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Physical, Speech and Occupational Therapy (limited to 30 visits/injury/benefit period)	\$20 per visit	Deductible, then 20% of Allowed Benefit
Chiropractic (limited to 20 visits/benefit period)	\$20 per visit	Deductible, then 20% of Allowed Benefit
Acupuncture (limited to 20 visits/benefit period)	\$20 per visit	Deductible, then 20% of Allowed Benefit

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EMERGENCY SERVICES		
Urgent Care Center ⁷	\$20 per visit	\$50 per visit
Emergency Room—Facility Services	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)
Emergency Room—Physician Services	No charge*	No charge*
Ambulance (if medically necessary)	No charge*	In-network deductible, then 20% of Allowed Benefit
HOSPITALIZATION—(Members are responsible for applicable physician and facility fees)		
Outpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	\$10 PCP/\$20 Specialist per visit	Deductible, then 20% of Allowed Benefit
Inpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit
HOSPITAL ALTERNATIVES		
Home Health Care	No charge*	Deductible, then 20% of Allowed Benefit
Hospice	No charge*	Deductible, then 20% of Allowed Benefit
Skilled Nursing Facility	No charge*	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	No charge*	Deductible, then 20% of Allowed Benefit
Nursery Care of Newborn	No charge*	Deductible, then 20% of Allowed Benefit
Artificial and Intrauterine Insemination ^{8,9} (limited to 6 attempts per live birth)	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 ^{8,9}	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
MENTAL HEALTH AND SUBSTANCE USE DISORDER—(Members are responsible for applicable physician and facility fees)		
Inpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Inpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Facility Services	No charge*	Deductible, then 20% of Allowed Benefit
Outpatient Physician Services	No charge*	Deductible, then 20% of Allowed Benefit
Office Visits	Virtual Connect Plus through selected providers, including CloseKnit ⁵ - No charge* (www.carefirst.com/virtualconnect) All other providers - No charge*	Deductible, then 20% of Allowed Benefit
MEDICAL DEVICES AND SUPPLIES		
Durable Medical Equipment	25% of Allowed Benefit	Deductible, then 20% of Allowed Benefit
Hearing Aids for ages 0-18	Not covered	Not covered
VISION		
Routine Exam (limited to 1 visit/benefit period)	\$10 per visit at participating vision provider	Not covered
Eyeglasses and Contact Lenses	Discounts from participating vision centers	Not covered

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

Out-of-network coinsurances are based on a percentage of the out-of-network Allowed Benefit. If services are received from a non-participating provider, the member is responsible for 100% of charges above the Allowed Benefit. However, if services are received from a participating provider, the member is only responsible for amount up to the Allowed Benefit.

* 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 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.
- 3 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.
- 4 Plan has separate out-of-pocket maximums for medical and drug expenses which accumulate independently.
- 5 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.
- 6 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.
- 7 Services for non-contracting Urgent Care providers are also covered; please refer to your evidence of coverage for benefit information.
- 8 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.
- 9 Infertility services will be paid the same as other medical services including Office Visits, Surgery, General Ancillary, Lab, and Radiology benefits.

Reminder: To enroll in HMO, HMO Referral and Plus plans, members must live or work within the CareFirst service area of Maryland, Washington, D.C. or Northern Virginia.

Note: Upon enrollment in CareFirst BlueChoice, you will need to select a Primary Care Provider (PCP). To select a PCP, go to www.carefirst.com/findadoc for the most current listing of PCPs from our online provider directory. You may also call the Member Services number on the back of your CareFirst ID card for assistance in selecting a PCP or obtaining a printed copy of the CareFirst BlueChoice provider directory.

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: In-Network: DC/CFBC/GC (R. 1/24); DC/CFBC/LG/HMO/EOC (1/25); DC/CFBC/DOL APPEAL (R. 1/22); DC/CFBC/LG/HMO/DOCS (1/25); DC/CFBC/LG/HMO/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); Out-of-Network: DC/CF/GC (R. 1/24); DC/CF/LG/PPO/EOC (1/25); DC/CF/LG/DOCS (1/25); DC/CF/CMM/POS OON/SOB (1/25); DC/CF/ATTC (R. 1/10) and any amendments.



Family of health care plans

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

