

2025 ACA

INDIVIDUAL PRODUCT

TRAINING

October 2024

Erik Kaustel

Proprietary and Confidential



MESSAGING

Unwavering Market Leader

Amplifying CareFirst's mission of providing affordable and accessible health insurance to individuals through a diverse array of product offerings and services.

- Offering convenient access to a broad array of providers via our extensive networks
- Providing a wide range of care options with access to low-cost or zero-cost benefits
- Delivering a vast array of value-added services to facilitate and oversee the well-being of members
- A focus on innovation and optimization, using insights and feedback from trusted partners and valued customers
- Continuous commitment to participation in local community activities
- Suppling clear, customer-focused communication materials fostering educational awareness about health plan details



AGENDA



1. 2025 Strategy Overview
2. Broker Resources
3. 2025 Product Portfolios and Plan Mappings
4. Virtual Connect/CloseKnit
5. Product Portfolio Optimization
6. Compliance and Mandates
7. CareFirst WellBeingSM
8. Blue Rewards
9. Blue365
10. Pharmacy
11. Dental/Vision
12. Appendix

2025 OPEN ENROLLMENT



Key dates for 2025 ACA Marketplace coverage

- Open Enrollment begins **November 1, 2024.**
- Open Enrollment ends on **January 15, 2025**, for **MD/VA.**
- Open Enrollment ends on **January 31, 2025**, for **D.C.**

Outside of the Annual Open Enrollment Period shown, an individual may take advantage of a **Limited Open Enrollment Period (LOEP)**. A Limited Open Enrollment is a specific period of time outside of the Annual Open Enrollment period in which individuals are allowed to apply for coverage.

Note: Only certain life events (marriage, birth of a child, loss of coverage, etc.) qualify an individual for a Limited Open Enrollment Period and each qualifying life event grants the individual a specific timeframe to enroll in a health plan. Generally, this is 30–60 days before and/or after the life event.

WHAT CHANGED FOR 2025?

- **BlueChoice HMO Young Adult Plans:** All jurisdictions' plan deductibles and out-of-pocket maximums **decrease** from **\$9,450** to **\$9,200**
- Plan level changes due to **2025 AV Calculator and OOP Max limits**
- **Virtual Connect Plus:** Now includes select in-person providers and will be available on 7 total Individual plans
- **D.C. Jurisdiction:** Plan name changes for standardized plans from "Standard" to "Essential"
 - Updated Value-Based Insurance Design (VBID) benefits for cardiovascular and cerebrovascular disease on D.C. Essential plans
- **RX Cost Saver:** Provides members with automatic access to GoodRx® prescription pricing
- **Opioid Reversal Agents:** Will now be covered at \$0 for all plans (after deductible on HSA plans)
- **2025 Mandates:**
 - D.C. Infertility mandate, effective as of 1/1/2025



ACA PRODUCTS OVERVIEW

CareFirst continues to participate in the Individual ACA market broadly with:

- Plans in all rating areas and counties in our service area
 - **10 plans in MD:** 4 Bronze, 2 Silver, 3 Gold and Catastrophic
 - **9 plans in VA:** 4 Silver, 4 Gold and Catastrophic
 - **13 plans in D.C.:** 4 Bronze, 2 Silver, 4 Gold, 2 Platinum and Catastrophic
- Broad networks
- Product choice—HMO and PPO designs
- No referrals
- Plans with first dollar coverage and separate pharmacy deductibles
- HSA options in all three jurisdictions



BROKER RESOURCES

NEW INDIVIDUAL UNDER 65 HEALTH PLAN GUIDE

A digital resource for brokers and members

A comprehensive guide detailing the nuances of health insurance, CareFirst products and member benefits for Individual Under 65 members.

The guides can be found at:

[**Broker Portal \(Pre-Login\)**](#)—English version
Broker Homepage > Quick Links > 2025 Health Plan Guide-Individual

[**Broker Portal \(Post-Login\)**](#)—English and Spanish versions
Resources > Individual Under 65 > Individual Health Plan Guides



NEW BROKER PORTAL RESOURCE INVENTORY



A digital support resource for brokers to use for self-service

- Understand the differences between the Member (My Account), Broker and Employer Portals.
- Learn how to navigate through the Broker Portal to increase your self-service capabilities.
- Gain clear understanding on the specific tools and resources available on the post-login pages of the portal.



Available November 2024

SALES MATERIALS DELIVERY DATES

Go-to-market deliverables	Available by
Individual Health Plan Guide 2025 (English & Spanish Versions)	POSTED
Broker Portal Resource Inventory	November 2024
Individual U65 2025 Pre-Sale Books	November 2024
Individual U65 2025 Benefit Charts	November 2024
Individual U65 2025 Dental Books & Dental Comparison Chart	November 2024
Renewal Letters/Renewal Packets	VA: SENT MD/D.C.: October 25, 2024
Enrollment Forms for 2025	October 31, 2024



APPLICATION/

DOCUMENTATION

PROCESS UPDATE

FAX RETIREMENT PROCESS

- Applicable to Individuals Under 65 (Off-Exchange Only) and Individuals Over 65 submitting documentation or applications, including brokers supporting these individuals
- New digital-upload platform launching as an alternative to current fax process
- Will affect individuals differently based on the types of files they need to submit:
 - **Individuals Under 65:** Applications for Limited Open Enrollment Period (LOEP), Documents for LOEP, Termination, Reinstatement or Change form.
 - **Individuals Over 65:** Applications and Required Documents (Certificate of Creditable Coverage), Broker Acknowledgement or Replacement of Coverage form.
- Will be implemented during November open enrollment
- Link to the new digital-upload platform will be available on:
 - Broker Portal (Pre-Login) underneath of the *Quick Links* section
 - Broker Portal Dashboard (Post-Login) underneath the *Quick Links* section



2025 PRODUCT PORTFOLIOS AND PLAN MAPPING

MARYLAND 2025 INDIVIDUAL PORTFOLIO

VALUE PLANS						
Gold HMO \$1,750 <i>Virtual Connect</i>	Gold HMO/PPO Value \$1,000	Silver HMO/PPO Value \$4,500	Bronze HMO/PPO Value \$9,200	Bronze HMO \$6,100 <i>Virtual Connect</i>	Bronze HMO \$6,150 HSA <i>Virtual Connect</i>	Young Adult HMO \$9,200
<p>Deductible: \$1,750 OOP Max: \$6,650 PCP: No charge, ND Specialist: \$30 copay, ND Hospital: \$450 copay, AD (\$2,250 copay max) Rx Deductible: \$150 Rx OOP Max: N/A RX Tiers 1-5: \$10/\$50/\$70/\$100/\$150 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ <i>Mental Health/Substance Abuse Office Visits</i> ◦ <i>OBGYN/Maternity Office Visits</i> ◦ <i>Retail Health Clinic</i> • Specialist <ul style="list-style-type: none"> ◦ <i>Mental Health/Substance Abuse Outpatient</i> ◦ <i>PT/OT/ST</i> • Urgent Care 	<p>Deductible: \$1,000 OOP Max: \$6,750 PCP: \$10 copay, ND Specialist: \$35 copay, ND Hospital: \$450 copay, AD Rx Deductible: \$150 Rx OOP Max: \$600 RX Tiers 1-5: \$10/\$30/\$60/\$75/\$75 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ <i>Mental Health/Substance Abuse Office Visits</i> ◦ <i>OBGYN/Maternity Office Visits</i> ◦ <i>Retail Health Clinic</i> • Specialist <ul style="list-style-type: none"> ◦ <i>Mental Health/Substance Abuse Outpatient</i> ◦ <i>PT/OT/ST</i> • Urgent Care • Lab/X-ray (Freestanding/Hospital) • Outpatient Facility and Physician fees (Freestanding/Hospital) • Inpatient Physician fees • Ambulance • Generic & Preferred Brand Name Drugs 	<p>Deductible: \$4,500 OOP Max: \$7,600 PCP: \$35 copay, ND Specialist: \$100 copay, ND Hospital: \$550 copay, AD Rx Deductible: \$750 Rx OOP Max: \$1,500 RX Tiers 1-5: \$25/\$75/\$80/\$100/\$100 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ <i>Mental Health/Substance Abuse Office Visits</i> ◦ <i>OBGYN/Maternity Office Visits</i> ◦ <i>Retail Health Clinic</i> • Specialist <ul style="list-style-type: none"> ◦ <i>Mental Health/Substance Abuse Outpatient</i> ◦ <i>PT/OT/ST</i> • Urgent Care • Lab/X-ray (Freestanding/Hospital) • Inpatient Physician fees • Ambulance • Generics 	<p>Deductible: \$9,200 OOP Max: \$9,200 PCP: \$35 copay, ND Specialist: \$100 copay, ND Hospital: No charge, AD Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: \$25/No charge, AD (<i>Tiers 2-5</i>) First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ <i>Mental Health/Substance Abuse Office Visits</i> ◦ <i>OBGYN/Maternity Office Visits</i> ◦ <i>Retail Health Clinic</i> • Urgent Care • Specialist <ul style="list-style-type: none"> ◦ <i>Mental Health/Substance Abuse Outpatient</i> ◦ <i>PT/OT/ST</i> • Urgent Care • Lab/X-ray (Freestanding/Hospital) • Generics 	<p>Deductible: \$6,100 OOP Max: \$9,200 PCP: \$40 copay, ND Specialist: \$50 copay, AD Hospital: 40% coinsurance, AD Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: \$20/\$50/\$70/\$100/\$150 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ◦ <i>Mental Health/Substance Abuse Office Visits</i> ◦ <i>OBGYN/Maternity Office Visits</i> ◦ <i>Retail Health Clinic</i> • Urgent Care • Generics 	<p>Deductible: \$6,150 OOP Max: \$7,200 PCP: \$30 copay, AD Specialist: \$40 copay, AD Hospital: \$500 copay, AD (\$2,500 copay max) Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: \$10/\$50/\$70/\$100/\$150 First Dollar Coverage: N/A (No first dollar coverage on HSA plans.)</p>	<p>Deductible: \$9,200 OOP Max: \$9,200 PCP: Visits 1-3: No charge, ND • <i>Visits 4+:</i> No charge, AD Specialist: No charge, AD Hospital: No charge, AD Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: No charge, AD First Dollar Coverage: • <u>First 3 visits only:</u> PCP <ul style="list-style-type: none"> ◦ <i>Mental Health/Substance Abuse Office Visits</i> ◦ <i>OBGYN/Maternity Office Visits</i> </p>

Preventive Care Benefits are not subject to the deductible in all plans. Preventive services include, but are not limited to: Well-child care visits, adult preventive care, women's preventive services, breast cancer screening, prostate cancer screening, colorectal cancer screening, chlamydia screening test, human papillomavirus screening test, preventive lab tests, X-ray/radiology services, specialty imaging and diagnostic testing, immunizations, osteoporosis screening, office visits for treatment of obesity, professional nutritional counseling and medical nutrition therapy, contraceptive drugs and devices, contraceptive counseling, maternity preventive visit, preventive drugs and oral chemotherapy drugs. (Preventive services can vary depending on jurisdiction.)

MARYLAND 2024–2025 PLAN MAPPING

Virtual Connect will be added to two additional plans in Maryland for 2025.

- BlueChoice HMO Gold \$1,750 Virtual Connect
- BlueChoice HMO HSA Bronze \$6,150 Virtual Connect

2024 Plan	Will Be Mapped to 2025 Plan
BlueChoice HMO Gold \$1,750	BlueChoice HMO Gold \$1,750 Virtual Connect
BluePreferred PPO Value Gold \$1,000	BluePreferred PPO Value Gold \$1,000
BlueChoice HMO Value Gold \$1,000	BlueChoice HMO Value Gold \$1,000
BlueChoice HMO Value Silver \$4,500	BlueChoice HMO Value Silver \$4,500
BluePreferred PPO Value Silver \$4,500	BluePreferred PPO Value Silver \$4,500
BlueChoice HMO Bronze \$6,100 Virtual Connect	BlueChoice HMO Bronze \$6,100 Virtual Connect
BlueChoice HMO HSA Bronze \$6,150	BlueChoice HMO HSA Bronze \$6,150 Virtual Connect
BlueChoice HMO Value Bronze \$9,450	BlueChoice HMO Value Bronze \$9,200
BluePreferred PPO Value Bronze \$9,450	BluePreferred PPO Value Bronze \$9,200
BlueChoice HMO Young Adult \$9,450	BlueChoice HMO Young Adult \$9,200

*Deductible applies on HSA plans

D.C. 2025 INDIVIDUAL PORTFOLIO

		NON-STANDARD PLAN				NON-STANDARD PLAN	
Platinum HMO/PPO <i>Essential</i> \$0	Gold HMO/PPO <i>Essential</i> \$500	Gold HMO/PPO \$1,650 HSA <i>Virtual Connect</i>	Silver HMO/PPO <i>Essential</i> \$4,850	Bronze HMO/PPO <i>Essential</i> \$7,500	Bronze HMO/PPO \$6,350 HSA	Young Adult HMO \$9,200	
<p>Deductible: \$0 OOP Max: \$2,100 PCP: \$20 copay, ND Specialist: \$40 copay, ND Hospital: \$250 copay, ND (\$1,250 copay max) Rx Deductible: \$0 RX Tiers 1-5: \$5/\$15/\$25/\$100/\$100 First Dollar Coverage: All Benefits (zero deductible plan)</p>	<p>Deductible: \$500 OOP Max: \$6,050 PCP: \$25 copay, ND Specialist: \$50 copay, ND Hospital: \$600 copay, AD (\$3,000 copay max) Rx Deductible: \$0 RX Tiers 1-5: \$15/\$50/\$70/\$150/\$150 First Dollar Coverage: • PCP ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Lab/X-ray (Freestanding/Hospital) • Imaging (Freestanding/Hospital) • Outpatient Facility and Physician fees • Emergency Room • Ambulance • All prescription drugs</p>	<p>Deductible: \$1,650 OOP Max: \$3,300 PCP: \$25 copay, AD Specialist: \$50 copay, AD Hospital: \$600 copay, AD (\$3,000 copay max) Rx Deductible: Integrated RX Tiers 1-5: \$15/\$50/\$70/\$150/\$150 First Dollar Coverage: N/A (No first dollar coverage on HSA plans.)</p>	<p>Deductible: \$4,850 OOP Max: \$8,850 PCP: \$40 copay, ND Specialist: \$80 copay, ND Hospital: 20% coinsurance, AD Rx Deductible: \$350 RX Tiers 1-5: \$20/\$50/\$70/\$150/\$150 First Dollar Coverage: • PCP ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Lab/X-ray (Freestanding/Hospital) • Imaging (Freestanding/Hospital) • Generics</p>	<p>Deductible: \$7,500 OOP Max: \$9,150 PCP: \$45 copay, ND Specialist: \$105 copay, ND Hospital: 40% coinsurance, AD Rx Deductible: \$850 RX Tiers 1-5: \$25/\$75/\$100/\$150/\$150 First Dollar Coverage: • PCP ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits ◦ Retail Health Clinic • Specialist ◦ Mental Health/Substance Abuse Outpatient ◦ PT/OT/ST • Urgent Care • Generics</p>	<p>Deductible: \$6,350 OOP Max: \$7,200 PCP: 20% coinsurance, AD Specialist: 20% coinsurance, AD Hospital: 20% coinsurance, AD Rx Deductible: Integrated RX Tiers 1-5: 20%/20%/20%/20%(\$100 max)/20%(\$150 max) First Dollar Coverage: N/A (No first dollar coverage on HSA plans.)</p>	<p>Deductible: \$9,200 OOP Max: \$9,200 PCP: Visits 1-3: No charge, ND • Visits 4+: No charge, AD Specialist: No charge, AD Hospital: No charge, AD Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: No charge, AD First Dollar Coverage: • <u>First 3 visits only:</u> PCP ◦ Mental Health/Substance Abuse Office Visits ◦ OBGYN/Maternity Office Visits</p>	

Preventive Care Benefits are not subject to the deductible in all plans. Preventive services include, but are not limited to: Well-child care visits, adult preventive care, women's preventive services, breast cancer screening, prostate cancer screening, colorectal cancer screening, chlamydia screening test, human papillomavirus screening test, preventive lab tests, X-ray/radiology services, specialty imaging and diagnostic testing, immunizations, osteoporosis screening, office visits for treatment of obesity, professional nutritional counseling and medical nutrition therapy, contraceptive drugs and devices, contraceptive counseling, maternity preventive visit, preventive drugs and oral chemotherapy drugs. (Preventive services can vary depending on jurisdiction.)

D.C. 2024–2025 PLAN MAPPING

- **Plan Names:** Non-HSA standardized plans have been renamed from “Standard” to “Essential”.
 - HSA standardized plans will remain standardized but will not be labeled as “Standard” or “Essential” for 2025
- **Virtual Connect** will be added to two HSA plans in D.C. for 2025:
 - BlueChoice HMO HSA Gold \$1,650 Virtual Connect
 - BluePreferred PPO HSA Gold \$1,650 Virtual Connect

2024 Plan	Will Be Mapped to 2025 Plan
BlueChoice HMO Standard Platinum \$0	BlueChoice HMO Essential Platinum \$0
BluePreferred PPO Standard Platinum \$0	BluePreferred PPO Essential Platinum \$0
BlueChoice HMO Standard Gold \$500	BlueChoice HMO Essential Gold \$500
BluePreferred PPO Standard Gold \$500	BluePreferred PPO Essential Gold \$500
BlueChoice HMO HSA Gold \$1,600	BlueChoice HMO HSA Gold \$1,650 Virtual Connect
BluePreferred PPO HSA Gold \$1,600	BluePreferred PPO HSA Gold \$1,650 Virtual Connect
BlueChoice HMO Standard Silver \$4,850	BlueChoice HMO Essential Silver \$4,850
BluePreferred PPO Standard Silver \$4,850	BluePreferred PPO Essential Silver \$4,850
BlueChoice HMO Standard Bronze \$7,500	BlueChoice HMO Essential Bronze \$7,500
BluePreferred PPO Standard Bronze \$7,500	BluePreferred PPO Essential Bronze \$7,500
BlueChoice HMO HSA Standard Bronze \$6,350	BlueChoice HMO HSA Bronze \$6,350
BluePreferred PPO HSA Standard Bronze \$6,350	BluePreferred PPO HSA Bronze \$6,350
BlueChoice HMO Young Adult \$9,450	BlueChoice HMO Young Adult \$9,200

*Deductible applies on HSA plans

VIRGINIA 2025 INDIVIDUAL PORTFOLIO

STANDARD PLANS				
Gold HMO/PPO \$1,750	Gold HMO/PPO Standard \$1,500	Silver HMO/PPO Standard \$5,000	Silver HMO/PPO \$3,300 HSA	Young Adult HMO \$9,200
<p>Deductible: \$1,750 OOP Max: \$6,650 PCP: No charge, ND Specialist: \$30 copay, ND Hospital: \$450 copay, AD (\$2,250 copay max) Rx Deductible: \$150 RX Tiers 1-5: \$10/\$50/\$70/\$100/\$150 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ○ <i>Mental Health/Substance Abuse Office Visits</i> ○ <i>OBGYN/Maternity Office Visits</i> ○ <i>Retail Health Clinic</i> • Specialist <ul style="list-style-type: none"> ○ <i>Mental Health/Substance Abuse Outpatient</i> ○ <i>PT/OT/ST</i> • Urgent Care • Generics 	<p>Deductible: \$1,500 OOP Max: \$7,800 PCP: \$30 copay, ND Specialist: \$60 copay, ND Hospital: 25% coinsurance, AD Rx Deductible: N/A (<i>all RX tiers, ND</i>) RX Tiers 1-5: \$15/\$30/\$60/\$250/\$250 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ○ <i>Mental Health/Substance Abuse Office Visits</i> ○ <i>OBGYN/Maternity Office Visits</i> ○ <i>Retail Health Clinic</i> • Specialist <ul style="list-style-type: none"> ○ <i>Mental Health/Substance Abuse Outpatient</i> ○ <i>PT/OT/ST</i> • Urgent Care • All prescription drugs 	<p>Deductible: \$5,000 OOP Max: \$8,000 PCP: \$40 copay, ND Specialist: \$80 copay, ND Hospital: 40% coinsurance, AD Rx Deductible: Integrated RX Tiers 1-5: \$20/\$40/\$80/\$350/\$350 First Dollar Coverage:</p> <ul style="list-style-type: none"> • PCP <ul style="list-style-type: none"> ○ <i>Mental Health/Substance Abuse Office Visits</i> ○ <i>OBGYN/Maternity Office Visits</i> ○ <i>Retail Health Clinic</i> • Specialist <ul style="list-style-type: none"> ○ <i>Mental Health/Substance Abuse Outpatient</i> ○ <i>PT/OT/ST</i> • Urgent Care • Generic & Preferred Brand Name Drugs 	<p>Deductible: \$3,300 OOP Max: \$6,500 PCP: \$30 copay, AD Specialist: \$40 copay, AD Hospital: \$500 copay, AD (\$2,500 copay max) Rx Deductible: Integrated RX Tiers 1-5: \$10/\$50/\$70/\$100/\$150 First Dollar Coverage: N/A (No first dollar coverage on HSA plans.)</p>	<p>Deductible: \$9,200 OOP Max: \$9,200 PCP: Visits 1-3: No charge, ND <ul style="list-style-type: none"> • <i>Visits 4+: No charge, AD</i> Specialist: No charge, AD Hospital: No charge, AD Rx Deductible: Integrated Rx OOP Max: N/A RX Tiers 1-5: No charge, AD First Dollar Coverage:</p> <ul style="list-style-type: none"> • <u>First 3 visits only:</u> PCP <ul style="list-style-type: none"> ○ <i>Mental Health/Substance Abuse Office Visits</i> ○ <i>OBGYN/Maternity Office Visits</i>

Preventive Care Benefits are not subject to the deductible in all plans. Preventive services include, but are not limited to: Well-child care visits, adult preventive care, women's preventive services, breast cancer screening, prostate cancer screening, colorectal cancer screening, chlamydia screening test, human papillomavirus screening test, preventive lab tests, X-ray/radiology services, specialty imaging and diagnostic testing, immunizations, osteoporosis screening, office visits for treatment of obesity, professional nutritional counseling and medical nutrition therapy, contraceptive drugs and devices, contraceptive counseling, maternity preventive visit, preventive drugs and oral chemotherapy drugs. (Preventive services can vary depending on jurisdiction.)

VIRGINIA 2024–2025 PLAN MAPPING

- **VisionPlus:** Virginia On-Exchange Silver plans now feature the VisionPlus adult vision benefit enhancement.
 - On-Exchange Silver plan names have also been updated for 2025 to include the term “VisionPlus”
- **Virtual Connect** will be added to two plans in Virginia for 2025:
 - BlueChoice HMO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect
 - BluePreferred PPO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect

2024 Plan	Will Be Mapped to 2025 Plan
BlueChoice HMO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded	BlueChoice HMO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect
BluePreferred PPO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded	BluePreferred PPO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect
BlueChoice HMO Standard Gold 1500 Med Ded 25 Dent Ded	BlueChoice HMO Standard Gold 1500 Med Ded 25 Dent Ded
BluePreferred PPO Standard Gold 1500 Med Ded 25 Dent Ded	BluePreferred PPO Standard Gold 1500 Med Ded 25 Dent Ded
BlueChoice HMO HSA Silver 3200 Med Ded 25 Dent Ded	BlueChoice HMO HSA Silver 3300 Med Ded 25 Dent Ded
BluePreferred PPO HSA Silver 3200 Med Ded 25 Dent Ded	BluePreferred PPO HSA Silver 3300 Med Ded 25 Dent Ded
BlueChoice HMO Standard Silver 5900 Med Ded 25 Dent Ded	BlueChoice HMO Standard Silver 5000 Med Ded 25 Dent Ded
BluePreferred PPO Standard Silver 5900 Med Ded 25 Dent Ded	BluePreferred PPO Standard Silver 5000 Med Ded 25 Dent Ded
BlueChoice HMO Young Adult 9450 Med Ded	BlueChoice HMO Young Adult 9200 Med Ded

BLUECHOICE YOUNG ADULT AGE-OFF MAPPING

Age Off: BlueChoice HMO Young Adult members who age off their plan are mapped to the next lowest cost plan option.

JURISDICTION	ON/OFF	2024 RENEWAL PLAN NAME	2025 RENEWAL PLAN NAME
D.C.	ON	BlueChoice HMO HSA Standard Bronze \$6,350	BlueChoice HMO HSA Bronze \$6,350
MD	ON	BlueChoice HMO Bronze \$6,100 Virtual Connect	BlueChoice HMO Bronze \$6,100 Virtual Connect
MD	OFF	BlueChoice HMO Bronze \$6,100 Virtual Connect	BlueChoice HMO Bronze \$6,100 Virtual Connect
VA	ON	BlueChoice HMO Silver Standard 5900 Med Ded 25 Dent Ded	BlueChoice HMO Standard Silver 5000 Med Ded 25 Dent Ded VisionPlus
VA	OFF	BlueChoice HMO Silver Standard 5900 Med Ded 25 Dent Ded	BlueChoice HMO Standard Silver 5000 Med Ded 25 Dent Ded



VIRTUAL CONNECT PLUS

AND CLOSEKNIT

VIRTUAL CONNECT PLUS

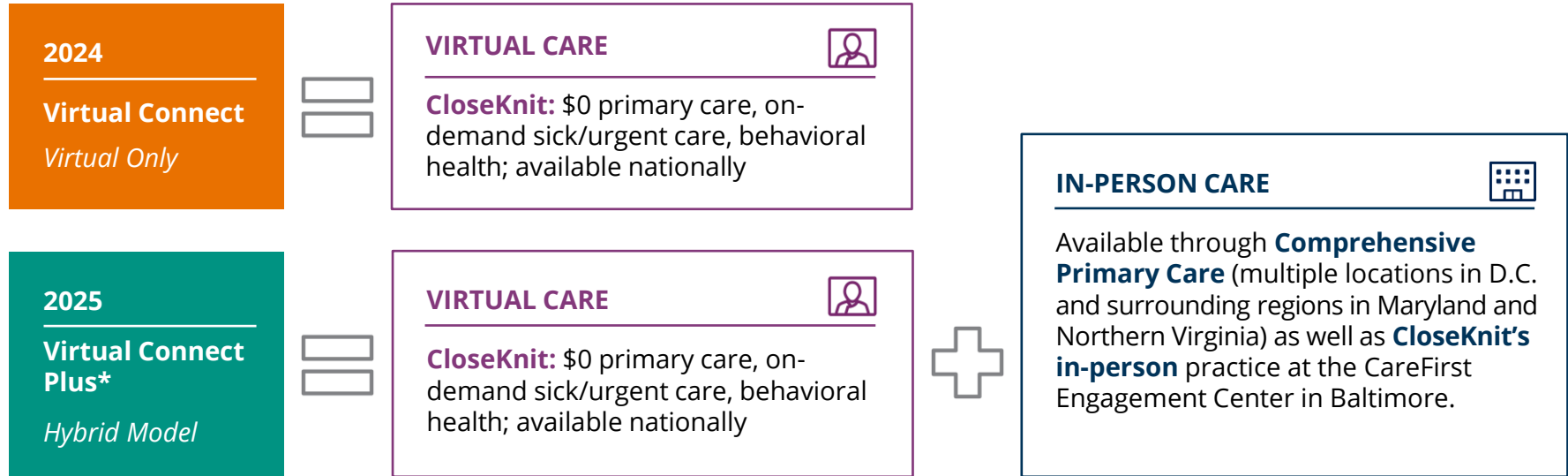
Key messages

- Benefit design aligns with advanced primary care model—meeting members where they are, when they need care
- Builds on existing Virtual Connect benefit (\$0 PCP, on-demand urgent care and behavioral health video visits)
- Includes all Virtual Connect benefits and adds selected in-person care available through partner practices including Comprehensive Primary Care, with multiple locations in D.C. and surrounding regions in Maryland and Northern Virginia, as well as CloseKnit's in-person practice at the CareFirst Engagement Center in Baltimore
- Creates hybrid model that provides more comprehensive care and improved member experience
- Effective January 1, 2025,* upon renewal; ability to add providers in the future

* Pending regulatory approval

VIRTUAL CONNECT PLUS

Expansion from virtual care to hybrid care



Comprehensive Primary Care does not provide Blue Cross Blue Shield products or services and is providing in-person and telehealth services to CareFirst members. Comprehensive Primary Care, LLC is a corporate affiliate within the CareFirst, Inc. corporate umbrella of companies.

*Applicable to select plans only

VIRTUAL CONNECT PLUS: 2025 PLANS

\$0 comprehensive care with select providers (in-person and virtually)

Individual U65: Virtual Connect Plus plans for 2025 include “Virtual Connect” in plan name

- **Maryland (3 plans):**

- BlueChoice HMO Bronze \$6,100 Virtual Connect
- BlueChoice HMO HSA Bronze \$6,150 Virtual Connect*
- BlueChoice HMO Gold \$1,750 Virtual Connect

- **Washington, D.C. (2 plans):**

- BlueChoice HMO HSA Gold \$1,650 Virtual Connect*
- BluePreferred PPO HSA Gold \$1,650 Virtual Connect*

- **Northern Virginia (2 plans):**

- BlueChoice HMO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect
- BluePreferred PPO Gold 1750 Med Ded 150 Drug Ded 25 Dent Ded Virtual Connect

*Deductible applies on HSA plans

VIRTUAL CARE



CloseKnit, CareFirst's leading virtual-care practice, gives you 24/7 access to primary care, urgent care, therapy and more through your computer or the CloseKnit mobile app



Advanced primary care

Dedicated Care Team to provide preventive care and support for chronic conditions. For adults ages 18+.



Urgent care

Same-day care to treat minor injuries and common illnesses fast. Average wait time is 30 minutes or less. For adults and children ages 2+.



Mental health services

Expert help from licensed therapists and psychiatrists, including short- and long-term therapy, as well as medication management and support. For adults and children ages 2+.



New parent support

Lactation services and support for parents, including prenatal risk assessments, post-natal feeding education and weaning programs.



Nutrition services

Counseling and nutrition plans to support health needs, lifestyle goals, chronic illnesses and weight loss. For adults and children ages 5+.



closeknithealth.com



PRODUCT PORTFOLIO

OPTIMIZATION

NEW FOR 2025: RX COST SAVER

Enhanced Rx benefit effective immediately starting January 1, 2025

The CareFirst Rx Cost Saver benefit provides members with automatic access to GoodRx® prescription pricing while preserving plan benefits.

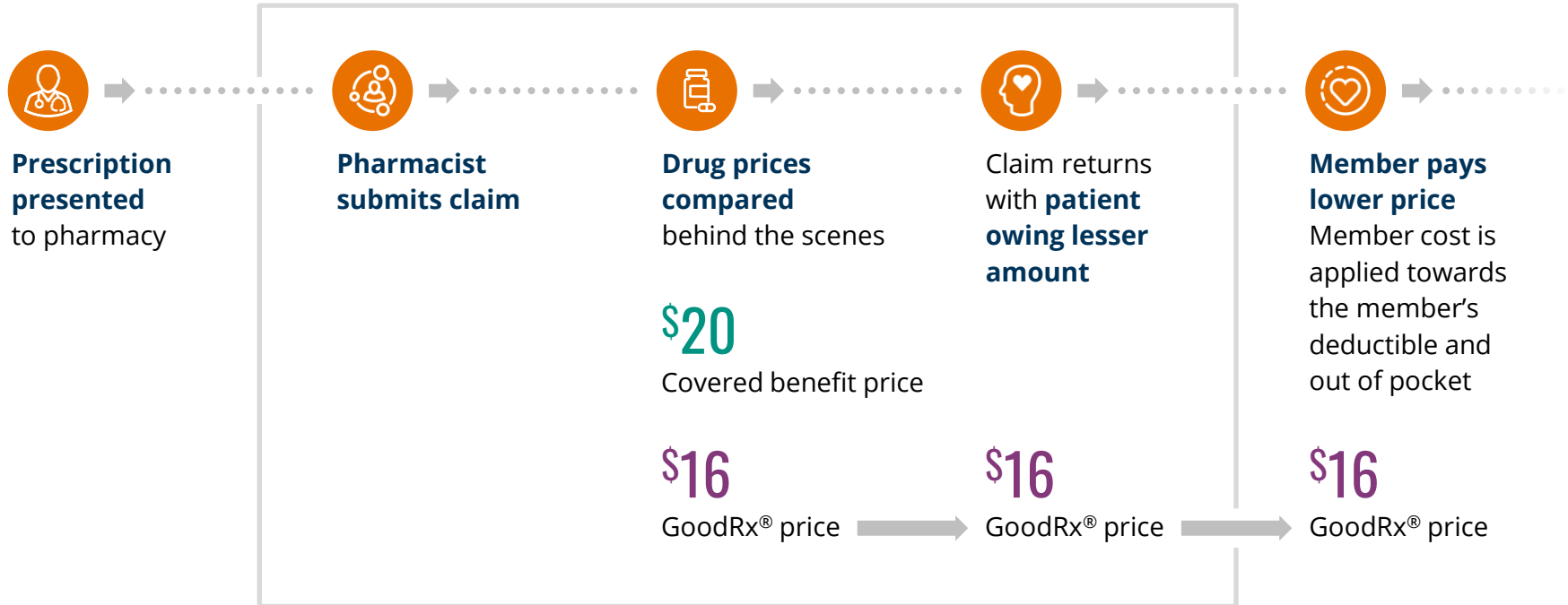
- Members need only present their ID card to get the lowest price for their medications—no other action required
- Covers eligible non-specialty generic drugs
- 100% of member's cost applies to deductible
- Provides seamless member experience at pharmacies
- Integrates with clinical support and adherence programs

GoodRx is an independent company providing prescription discounts to CareFirst BlueCross BlueShield members.



HOW RX COST SAVER WORKS

Seamlessly works behind the scenes to provide members with the lowest price



NEW FOR 2025: \$0 OPIOID REVERSAL AGENTS

Enhanced Rx benefit effective upon renewal starting January 1, 2025

All individual plans will include no-cost coverage for life-saving medications used to reverse an opioid overdose.

- **For non-HSA plans:** \$0 copay (no deductible)
- **For HSA plans:** \$0 copay (after deductible)*

*Deductible also applies for BlueChoice HMO Young Adult plans



VIRGINIA VISIONPLUS UPDATE

VisionPlus:

- Adult Vision benefit enhancement and plan name update for Silver On-Exchange plans (including CSR variations).
- Specific benefit details will be reviewed in the Dental/Vision section of the training.

2024:

- On-Exchange and Off-Exchange Silver plans do not include VisionPlus.

2025:

- On-Exchange Silver plans include VisionPlus.
- Off-Exchange Silver plans do not include VisionPlus.

Impacted Plans:

- BlueChoice HMO HSA Silver 3300 Med Ded 25 Dent Ded VisionPlus
- BluePreferred PPO HSA Silver 3300 Med Ded 25 Dent Ded VisionPlus
- BlueChoice HMO Standard Silver 5000 Med Ded 25 Dent Ded VisionPlus
- BluePreferred PPO Standard Silver 5000 Med Ded 25 Dent Ded VisionPlus



COMPLIANCE &

MANDATES

D.C. STANDARDIZED PLAN NAME CHANGE

Key Takeaway: D.C. Health Benefit Exchange (DCHBX) wants members to think of an 'Essential' plan as one that includes VBID benefits and certain first dollar coverage benefits.

	2024 Plan Name	2025 Plan Name
Non-HSA Plans	<ul style="list-style-type: none"> BlueChoice HMO Standard Bronze 7500 BlueChoice HMO Standard Silver 4850 BlueChoice HMO Standard Gold 500 BlueChoice HMO Standard Platinum 0 BlueChoice PPO Standard Bronze 7500 BlueChoice PPO Standard Silver 4850 BlueChoice PPO Standard Gold 500 BlueChoice PPO Standard Platinum 0 	<ul style="list-style-type: none"> BlueChoice HMO Essential Bronze 7500 BlueChoice HMO Essential Silver 4850 BlueChoice HMO Essential Gold 500 BlueChoice HMO Essential Platinum 0 BluePreferred PPO Essential Bronze 7500 BluePreferred PPO Essential Silver 4850 BluePreferred PPO Essential Gold 500 BluePreferred PPO Essential Platinum 0
HSA Plans	<ul style="list-style-type: none"> BlueChoice HMO HSA Standard Bronze 6350 BluePreferred PPO HSA Standard Bronze 6350 	<ul style="list-style-type: none"> BlueChoice HMO HSA Bronze 6350 BluePreferred PPO HSA Bronze 6350

D.C. 2025 VBID: ESSENTIAL PLANS ONLY

Value-Based Insurance

Design (VBID): Yearly benefit enhancements to D.C. Essential plans that provide members with lower cost sharing for the treatment of select chronic conditions.

Existing VBID Benefits

- **2023:** Treatment for type 2 diabetes at \$0 cost sharing* for select services
- **2024:** Treatment for pediatric mental health at \$5 cost sharing* for select services

2025 New VBID Benefits: Treatment of cardiovascular and cerebrovascular disease will be provided with \$0 cost sharing* for the following services:

Outpatient Services

- PCP office visit
- Laboratory tests
- Imaging
- Cardiac rehabilitation
- Medical nutrition therapy

Medication

- Cardiovascular and cerebrovascular medication list

Metal Level	2025 Plan Name
Bronze	BlueChoice HMO Essential Bronze \$7,500
	BluePreferred PPO Essential Bronze \$7,500
Silver	BlueChoice HMO Essential Silver \$4,850
	BluePreferred PPO Essential Silver \$4,850
Gold	BlueChoice HMO Essential Gold \$500
	BluePreferred PPO Essential Gold \$500
Platinum	BlueChoice HMO Essential Platinum \$0
	BluePreferred PPO Essential Platinum \$0

*In-network only

D.C. INFERTILITY MANDATE

Summary of benefits

- Covers infertility diagnosis and treatment services to the same extent as benefits provided for other non-fertility services
 - For example—an infertility lab service would be covered the same as other non-infertility lab services
- Pre-authorization will still be required for D.C. infertility services
- No limits on AI/UI attempts
- Cover three complete rounds of IVF; This includes three complete egg retrievals, with unlimited embryo transfers from the retrieved eggs or from eggs retrieved prior to January 1, 2025, per member's lifetime with CareFirst
- Applies to in- and out-of-network benefits
- No dollar limitations. No benefit maximums, waiting periods or any other limitations on coverage that are different than those imposed upon benefits for non-fertility services

Timeline and impacts

- D.C. members will receive the benefit immediately effective 1/1/2025.
- Applies to grandfathered members

HEALTH SAVINGS ACCOUNT (HSA)

A **Health Savings Account** (HSA) is a tax-exempt medical savings account that can be used to pay for eligible healthcare expenses for the subscriber and their taxable dependents.

- An HSA allows individuals to put aside pre-tax money for healthcare expenses.
- Any money not used during the plan year remains in the HSA and can be used for future health expenses.

Further is an independent provider of administrative services for CareFirst BlueCross BlueShield consumer-directed health care plans. HealthEquity, Inc., the owner of the Further business, is an IRS-approved, non-bank trustee providing HSA custodial services on behalf of CareFirst BlueCross BlueShield to its members.

- The IRS sets member contribution limits.
- IRS HSA Plan Rules
 - **2025 Updates:** The IRS limits HSA plans to a minimum deductible of **\$1,650** and an out-of-pocket maximum of **\$8,300**.
 - *Any plan with a lower deductible or higher out-of-pocket maximum than these amounts is NOT HSA-eligible.*
 - On HSA plans, only preventive benefits are available before the deductible.
 - Due to these requirements, CSR and Native American (NA) plan variations are NOT HSA-eligible in 2024.
- CareFirst partners with Further by Health Equity for administration of health savings accounts.
- Members enrolled in an HSA-compatible plan may activate their account by making their first deposit. A CareFirst-branded debit card will be mailed to them.

2024 HEALTH SAVINGS ACCOUNT PLAN LIMITS

Contribution Limits	2024	2025	Change
Individual (self-only)	\$4,150	\$4,300	+ \$150
Family	\$8,300	\$8,550	+ \$250
55+ catchup contributions	\$1,000	\$1,000	No Change
Minimum Deductible	2024	2025	Change
Individual (self-only)	\$1,600	\$1,650	+ \$50
Individual(s) enrolled in a plan that is not self-only*	\$3,200	\$3,300	+ \$100
Family	\$3,200	\$3,300	+ \$100
Maximum Out-of-Pocket	2024	2025	Change
Individual (self-only)	\$8,050	\$8,300	+ \$250
Individual(s) enrolled in a plan that is not self-only**	\$9,450	\$9,200	- \$250
Family	\$16,100	\$16,600	+ \$500

*No individual as part of a family plan can receive full benefits on an HSA plan until the minimum deductible amount for a family plan set by the IRS has been met.

**No individual may pay more out of pocket than the individual maximum amount set by the federal government each year under the Patient Protection and Affordable Care Act (PPACA).



CAREFIRST WELLBEING

INTRODUCING CAREFIRST WELLBEING

A personalized and engaging digital wellness program connecting individuals to their healthiest life

The **CareFirst WellBeingSM Program** delivers a wealth of tools and resources, as well as easy-to-understand recommendations and insights that reflect a variety of interests and needs based upon individuals' health goals.

Our easy-to-use app connects members to programs designed to support their overall well-being—physical, emotional, social and financial.



CONNECTIONS TO WELLBEING

Programs and Resources

- Blue Rewards
- Weight management
- Diabetes prevention
- Mindful eating
- Tobacco cessation
- Financial well-being
- Personal health coaching
- Blue365 wellness discount program

This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.



TOBACCO CESSATION PROGRAM

Craving to Quit can help members increase their chances of kicking the habit for good



- Available at no charge, provides expert guidance, support and online tools
- Digital coaching and online education
- Voluntary and confidential 21-day support program on how to recognize and avoid tobacco cravings and habits
- Encouragement through a supportive online community of people on the same journey toward living tobacco-free
- Access to daily mindfulness activities and online tools

FINANCIAL WELL-BEING

A free, online financial program using SmartDollar®

- Members can learn how to take small steps to transform their financial well-being.
- Engaging video lessons, real-world tips and easy-to-use tools from a team of best-selling authors and financial experts inspire members to make the most of their money.
- Personalized emails offer relevant content for the individual's financial journey.
- Fully-integrated tools, like the **EveryDollar Budget app**, help members use what they've learned.





BLUE REWARDS

BLUE REWARDS INCENTIVE PROGRAM

Members can earn rewards for completing one or both of the following wellness activities:



Earn \$50

Consent to receive wellness emails and take the RealAge® assessment

RealAge is a simple questionnaire that will help you determine the physical age of your body compared to your calendar age.

Must complete within 180 days of your effective date



Earn \$100

Select a primary care provider (PCP) and complete a health screening

You can visit your PCP or a CVS MinuteClinic® to complete your screening.

Must complete within 180 days of your effective date

Note: This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members.

CVS MinuteClinic is an independent company that provides medical services to CareFirst members. CVS MinuteClinic does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the medical services it provides. The subscriber and the subscriber's spouse or domestic partner are both eligible to earn the Blue Rewards incentive. Dependents, regardless of age, are not eligible for Blue Rewards.



BLUE365

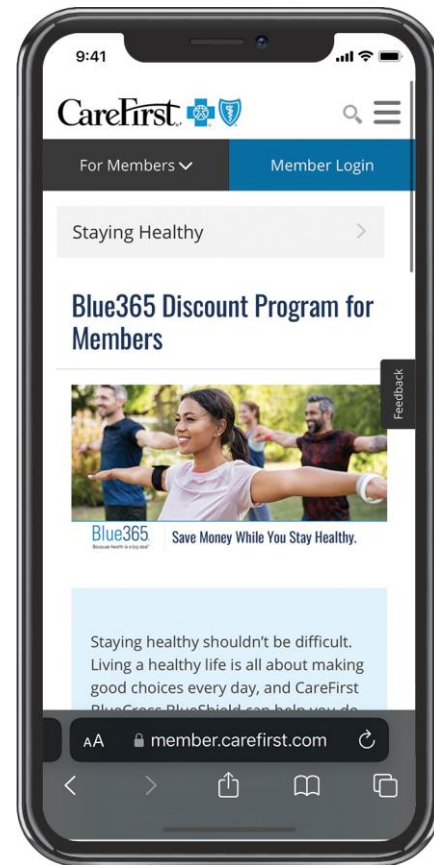
BLUE365

A wellness discount program exclusively for members

Members can sign up for Blue365 at carefirst.com/wellnessdiscounts to receive special offers from top national and local retailers on fitness gear, gym memberships, healthy eating options and more.

Discount categories include:

- Apparel & Footwear
- Fitness & Nutrition
- Hearing & Vision
- Home & Family
- Personal Care
- Travel





PRESCRIPTION DRUG

COVERAGE

PRESCRIPTION DRUG COVERAGE

Health plans designed with members' needs in mind

A nationwide network of more than 66,000 participating pharmacies



carefirst.com/rx

* Specialty drugs must be obtained through mail order at CVS Specialty Pharmacy.

- Access to thousands of covered prescription drugs on our formulary (drug list)
 - Generic drugs
 - Preferred brand-name drugs
 - Non-preferred brand-name drugs
 - Preferred specialty drugs*
 - Non-preferred specialty drugs*
- Mail Order Pharmacy, our convenient and fast mail-order drug program
- Coordinated medical and pharmacy programs to improve members overall health and reduce costs
- Personalized care management notices detailing cost savings opportunities

PRESCRIPTION DRUG COVERAGE

- All CareFirst plans include prescription drug coverage.
- Depending on the plan, an individual/family will either:
 - meet the plan's embedded medical and drug deductible before prescription drug begins, or
 - have a lower deductible for drugs separate from the medical deductible.
 - Some plans do not require a deductible on generic drugs.
- All plans have preventive drugs at no cost.

5-Tier Formulary Structure

Tier 0: Preferred Preventive Drugs, Preferred Brand Insulin, Oral Chemo Drugs & Diabetic Supplies

Tier 1: Generic Drugs

Tier 2: Preferred Brand Name Drugs

Tier 3: Non-Preferred Brand Name Drugs and Non-Preferred Brand Insulin

Tier 4 & 5: Preferred and Non-Preferred Specialty Drugs



DENTAL/VISION

2025 STAND-ALONE DENTAL PORTFOLIO

On- & Off-Exchange/SHOP Offerings by Jurisdiction

Individual Product Name	ON			OFF		
	MD	D.C.	VA	MD	D.C.	VA
BlueDental Preferred Low Option	✓	✓		✓	✓	✓
BlueDental Preferred High Option	✓	✓		✓	✓	✓

2025 INDIVIDUAL STAND-ALONE DENTAL

(ACA-compliant)

CareFirst offers two adult dental plans:

BLUEDENTAL PREFERRED, HIGH OPTION*

	Individual Deductible		Family Deductible		Deductible Applies	Annual Maximum for Class I, II, III & IV	Out-of-Pocket Maximum	Class I Coinsurance ¹		Class II Coinsurance ¹		Class III Coinsurance ^{1,3}		Class IV Coinsurance ^{1,3}		Class V Coinsurance ¹ <i>Medically Necessary Ortho²</i>	
	In	Out	In	Out				In	Out	In	Out	In	Out	In	Out	In	Out
Under 19	\$50	\$100	\$150	\$300	2, 3 & 4 (In & Out)	N/A	\$425 for 1 member, \$850 for 2+ members	100%	80%	80%	60%	80%	60%	50%	35%	50%	35%
Over 19	\$50	\$100	\$150	\$300	2, 3 & 4 (In & Out)	\$1,500	N/A	100%	80%	80%	60%	60%	50%	50%	35%	N/A	N/A

BLUEDENTAL PREFERRED, LOW OPTION*

	Individual Deductible		Family Deductible		Deductible Applies	Annual Maximum for Class I, II, III & IV	Out-of-Pocket Maximum	Class I Coinsurance ¹		Class II Coinsurance ¹		Class III Coinsurance ^{1,3}		Class IV Coinsurance ^{1,3}		Class V Coinsurance ¹ <i>Medically Necessary Ortho²</i>	
	In	Out	In	Out				In	Out	In	Out	In	Out	In	Out	In	Out
Under 19	\$100	\$200	\$300	\$600	1-4 (In & Out)	N/A	\$425 for 1 member, \$850 for 2+ members	100%	80%	80%	60%	80%	60%	50%	35%	50%	35%
Over 19	\$100	\$200	\$300	\$600	1-4 (In & Out)	\$1,000	N/A	100%	80%	80%	60%	60%	50%	35%	25%	N/A	N/A

¹ Coinsurance shown is the percentage the **plan** pays. CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefits as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

² Qualifications to be medically necessary vary by jurisdiction

³ For Over 19 members there is a 12-month waiting period on Class III and Class IV benefits.

Note: Plans do not include Deductible Carryover or Deductible Credit provisions

EMBEDDED ENHANCED VISION PLAN

Adult Vision—Maryland/Virginia Silver On-Exchange plans ONLY

Service/Material	In-Network*	Out-of-Network
Eye Exam	No copay	Plan pays \$40
Spectacle Lenses		
Basic Single Vision	No copay	Plan pays \$52
Basic Bifocals	No copay	Plan pays \$82
Basic Trifocals	No copay	Plan pays \$101
Basic Lenticular	No copay	Plan pays \$181
Frames		
Davis Vision Collection Frames	No copay	Plan pays \$70
Non-Collection Frames	Plan pays \$70	Plan pays \$70
Contact Lenses (in lieu of Spectacle Lenses)		
Select Single Vision (from the Davis collection)	No copay	Plan pays \$105
Other Single Vision	Plan pays \$105	Plan pays \$105
Select Bifocal (from the Davis collection)	No copay	Plan pays \$127
Other Bifocal	Plan pays \$127	Plan pays \$127
Medically Necessary	No copay with prior authorization	Plan pays \$285

*Provider network managed by Davis Vision, an independent company that provides administrative services for vision care to CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. members and offers an extensive national network of optometrists, ophthalmologists, and opticians



APPENDIX

KEY PRODUCTS OVERVIEW

- All plans offer preventive care that is not subject to the deductible, plus pediatric dental and vision coverage.
- Some plans have no deductible for common benefits, including:
 - PCP and specialist office visits
 - Retail health clinics
 - Urgent care
 - Labs, X-rays, Imaging and Outpatient surgery (non-hospital settings)
 - Generic drugs
- Significant savings are available for seeking care in non-hospital settings.
- Prescription drug coverage is included in all plans.
 - Some plans have separate drug deductibles, which means the member does not have to meet the medical deductible first
 - Low or no cost generic drugs
 - Preferred brand-name insulin at no deductible, no cost
 - Many plans and benefits have copays instead of coinsurance so subscribers can estimate out-of-pocket costs before they get care

PLAN DESIGN PRINCIPLES

1. On some plans, copays increase from PCP/Retail Health Clinic, Specialist, Urgent Care to Emergency Room. There is no deductible for lower cost settings.
2. An additional facility charge may be assessed for office visits performed in a hospital setting.
3. Less costly diagnostic procedures have lower copays and are not subject to a deductible. These are combined copays for physician and facility.
4. Surgeries at non-hospital surgical centers have lower copays and no deductible.
5. Sleep studies done in a member's home or non-hospital facility have lower copays and no deductible.
6. Inpatient hospital is a per-day copay. (Member copay maximum applies on some plans.)
7. A separate drug deductible applies to tiers 2–5. Generic drugs are not subject to a deductible and are sometimes \$0.

Sample BlueChoice HMO Gold \$1,750—In-Network			
Deductible		\$1,750	
OOP Maximum		\$6,650	
PCP Office Visit/Retail Health Clinic		No charge	
1	Specialist Office Visit	\$30	
	Urgent Care	\$50	
	Emergency Room	Deductible, then \$300 copay (waived if admitted)	
2	Non-surgery Outpatient Facility	\$50	
3	Labs	Deductible, then \$15	
	X-Rays	Deductible, then \$65	
	Imaging	Deductible, then \$250	
	Infusion therapy	\$20 (home/office/infusion center)	
	Labs	Deductible, then \$60	
	X-Rays	Deductible, then \$100	
	Imaging	Deductible, then \$350	
	Infusion therapy	Deductible, then \$200	
4	Outpatient Surgery	ASC/Non-Hospital Setting Physician: Deductible, then \$30 Facility: Deductible, then \$300	
		Outpatient Hospital Setting Physician: Deductible, then \$30 Facility: Deductible, then \$400	
5	Sleep Studies	Home	\$20
		Non-Hospital Setting	\$100 (office/sleep center)
		Outpatient Hospital Setting	Deductible, then \$200
6	Inpatient Hospital	Deductible, then \$450/day (up to \$2,250 member max)	
7	Rx Deductible	\$150 (Tiers 2-5)	
Generics/Preferred/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty		\$10/\$50/\$70/\$100/\$150	

KNOW BEFORE YOU GO—NON-HOSPITAL FACILITIES

Laboratories

- HMO members must use Labcorp (some exceptions). *Pre-authorization is required for hospital setting.*
- PPO members have a larger network available for in-network benefits, including Labcorp and Quest Diagnostics.

X-Ray and Imaging

Members will pay the least out of pocket when visiting a participating imaging center. *HMO Members: Pre-authorization is required for hospital setting.*

Non-Hospital Surgery Centers (Ambulatory Surgical Centers)

Many outpatient surgical procedures can be performed at a non-hospital surgery center.

Sample Benefits

Health Care Service	Non-Hospital Setting	Hospital Setting
Lab Work	\$20	Deductible, then \$100
X-Rays	\$20	Deductible, then \$150
Outpatient Surgery	\$100	Deductible, then \$200
Infusion Treatment	\$20	\$200

The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.

The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

OUT-OF-AREA CARE

	HMO	PPO
Emergency care (within or outside U.S.)	All jurisdictions At in-network level	All jurisdictions At in-network level
Non-emergency care (within U.S., outside of CareFirst service area)—BlueCard	Not covered	All jurisdictions At in-network level
Non-emergency care (outside of U.S.)	Not covered	Only D.C./VA At in-network level

MY ACCOUNT

A personalized member portal allowing individuals to:

- Search for doctors, hospitals, urgent care centers, other providers
- View, order or email member ID cards
- Check claims and deductible status
- Update communication preferences and password
- Access a variety of CareFirst member programs



PROVIDER SEARCH TOOL

Members can search for doctors, hospitals, urgent care centers and other providers—nationwide



carefirst.com/doctor

- Search by name or specialty
- Browse by category, such as primary care, behavioral health, dental, retail pharmacy
- Review provider highlights, including specialties, locations, credentials, CareFirst health plans accepted
- Quickly access CloseKnit, our virtual provider for primary and urgent care

TREATMENT COST ESTIMATOR

Provides estimates for a variety of procedures and care visits, including office visits, lab tests and surgery

- Personalized estimates based on member's health plan benefits
- Cost comparison for specific doctors and facilities
- Cost information to help members plan for medical care and make the best care decisions
- Member access through My Account



CAREFIRST APP

CAREFIRST ON THE GO

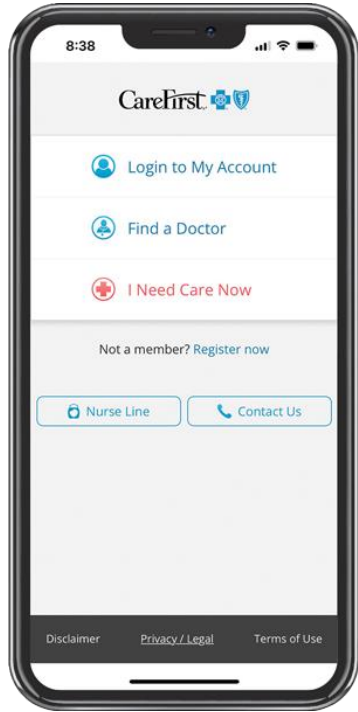
Ensure members have secure access to information, care and support tools for wherever life leads them

The CareFirst mobile app (accessible through Android/Apple phones and tablets) helps members stay up-to-date and connected to their plans.

With My Account on our mobile app, Individual Under 65 members can:

- Find in-network doctors, urgent care centers and virtual care—nationwide, along with other tools and care options
- View, order or print member ID cards
- Check claims, deductibles, out-of-pocket costs
- Update communication preferences and password
- Access CareFirst member programs like the Behavioral Health Digital Resource, WellBeing, Blue Rewards and more
- Manage/pay premium monthly payments through the auto bill section

DOWNLOAD INSTRUCTIONS



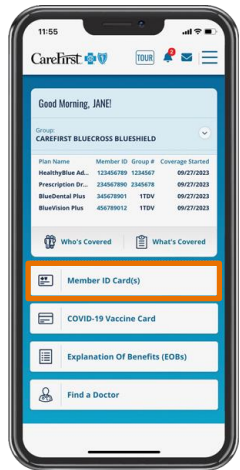
1. Go to the app store and search “CareFirst.”
2. Download and open the app.
3. Then select *Register for My Account*.



Note: During registration, users will be required to verify their identity. This added layer of security guarantees authenticated logins, safeguarding the confidentiality of members’ plan information on their devices.

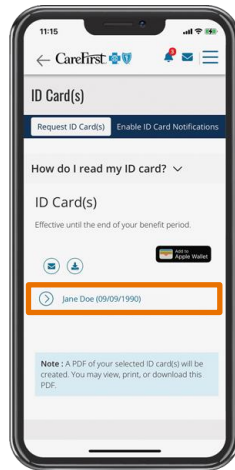
MEMBER ID CARDS

To view member ID card(s) in the app:



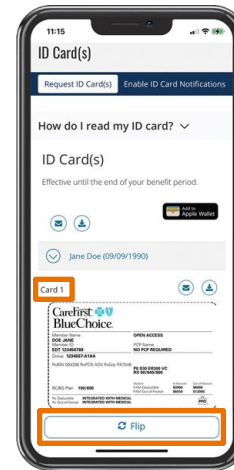
1

Click *Member ID Card(s)* below the plan dashboard.



2

Select the member's name to view all the cards for plans they're enrolled in (Medical, Dental, Vision) if applicable.



3

The front of each card will be displayed and listed as Card 1, Card 2, etc.

To view the back of the card, click the "Flip" button.

Please note: If additional help is needed to determine which card is being viewed, select "How do I read my ID card?" at the top of the page.



THANK YOU

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc., which 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.

Proprietary and Confidential

