

Your 2023-2024 Healthcare Benefit Guide

AAAS FELLOWSHIP PROGRAMS, INC.

The CareFirst BlueCross BlueShield

PROMISE



A not-for-profit organization
driven by mission



Serving 3.3 million members
in the Mid-Atlantic region



Recognized as one of the
World's Most Ethical Companies®

WELCOME

We're glad you're considering CareFirst BlueCross BlueShield. We know there's a lot of information to review when selecting your health plan. We hope that this guide provides simplified information that makes choosing CareFirst an easy decision.

Inside, you'll find information that'll help you select the plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

Ready to explore your 2023-2024 benefits?

Let's find the best health plan for you.



Note your enrollment dates and deadlines



Review your health benefit options



Make your selection and complete your enrollment

WHAT'S INSIDE?

- 1 WELCOME
- 2 WHAT'S INSIDE
- 3 CHOOSING THE RIGHT PLAN
- 4 MEDICAL PLAN HIGHLIGHTS
- 5 PRESCRIPTION DRUG PLAN HIGHLIGHTS
- 6 PERKS INCLUDED WITH EVERY PLAN
- 7 VIRTUAL CONNECT— \$0 CARE ANYTIME, ANYWHERE
- 8 TELEMEDICINE OPTIONS
- 8 CAREFIRST WELLBEING
- 9 FIND A DOCTOR TOOL
- 9 MY ACCOUNT BENEFITS
- 9 TREATMENT COST ESTIMATOR
- 10 AWAY FROM HOME CARE
- 10 BLUECARD & BLUE CROSS BLUE SHIELD GLOBAL CORE
- 11 UNDERSTANDING YOUR OPTIONS FOR CARE
- 11 MENTAL AND BEHAVIORAL HEALTH SUPPORT
- 12 BLUE REWARDS INCENTIVE PROGRAM
- 13 NEXT STEPS
- 14 RIGHTS AND RESPONSIBILITIES

It helps to understand some key terms

CareFirst member cost: The maximum amount providers can charge CareFirst members for a specific service.

Deductible: Depending on your plan, you'll need to pay for some services on your own until you reach your deductible. Then your plan starts helping with the cost of your care.

Out-of-pocket maximum: The most you'll pay for covered services in a plan year. After you spend this amount on care costs, your plan will pay 100% of the CareFirst member costs for the rest of the plan year.

The personas and quotes in this decision guide were created by CareFirst in order to provide an example of the benefits described and are not real members.

CHOOSING THE RIGHT PLAN

Everyone has their own personal needs and concerns when it comes to healthcare. We hope you'll take a few minutes to consider what features are most important to you. Here are some examples:



Felipe

32 YEARS OLD
FORKLIFT OPERATOR
MARRIED

Felipe is young and healthy, and generally sees the doctor only when something bothers him. At this point in his life, he's more interested in saving money than having a wide variety of options.

FELIPE WANTS A HEALTH PLAN THAT:

- Fits within a budget
- Has value for what he pays



Elizabeth

59 YEARS OLD
SALES DIRECTOR
DIVORCED

Elizabeth is an active empty-nester. She wants to know that she's got the resources she needs to cover any unexpected expenses, but doesn't want to feel overwhelmed with options.

ELIZABETH WANTS A HEALTH PLAN THAT:

- Includes a robust wellness program
- Provides coverage when she travels



Susanne

45 YEARS OLD
IT MANAGER
MARRIED WITH
2 CHILDREN

Susanne is a hard-working mom with a high-stress job and active teenage kids. She needs affordable care for her family and help managing her son's type 1 diabetes.

SUSANNE WANTS A HEALTH PLAN THAT:

- Has access to quality care when and where she needs it
- Helps her manage the costs of medications



Matt

29 YEARS OLD
SOCIAL WORKER
SINGLE

Matt spends much of his free time with his faithful yellow lab, but he's looking forward to buying a house. Saving money is his immediate goal, but not at the expense of having reliable, basic coverage.

MATT WANTS A HEALTH PLAN THAT:

- Has a low monthly paycheck deduction
- Offers discounts for gym memberships

MEDICAL PLAN HIGHLIGHTS

Let’s look at some of your in-network costs for common services with this plan.

BlueChoice Advantage	
Costs to consider	
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	\$1,000 Individual/\$2,000 Family
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	\$6,850 Individual/\$13,700 Family
Plan Includes Out-of-network Coverage	Yes
Staying healthy	
Annual Physical Exam	\$0 per visit
Preventive Screenings and Immunizations	\$0 per visit
Doctors services	
Primary Care Doctor	\$20 per visit*
Specialist (e.g. Dermatologist)	\$40 per visit
Mental Health Professional—Office	\$20 per visit*
Urgent Care	\$60 per visit
Emergency Room	After deductible is met, \$200 per visit
Allergy Shots	\$40 per visit
Imaging (MRA/MRS, MRI, PET & CT Scans) (non-hospital facility)	\$80 per visit
Labs (non-hospital facility)	\$20 per visit
X-rays (non-hospital facility)	\$40 per visit
Physical, Speech and/or Occupational Therapy	\$40 per visit
Chiropractic	\$40 per visit
Outpatient Surgery (surgical center)	\$200 per visit
Inpatient Surgery (including maternity)	\$300 per day (\$1,500 maximum per admission)
Durable Medical Equipment	After deductible is met, 25% of the CareFirst member cost

**Virtual Connect - pay \$0 for PCP, mental health visits with CloseKnit. Deductible applies to HSA-eligible plans. Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and complete plan details.*

PRESCRIPTION DRUG PLAN HIGHLIGHTS

Here are your costs for prescription drugs from a participating pharmacy.

Opt C 5 Tier Standard Non-Integrated \$0 ded \$15/35/60/50%/50%	
Costs to consider	
Prescription Plan Tier	\$15/35/60
Prescription Deductible	None
Up to 34-day supply	
Generic Drugs (Tier 1)	\$15
Preferred Brand Drugs (Tier 2)	\$35
Non-preferred Brand Drugs (Tier 3)	\$60
Preferred Specialty Drugs (Tier 4)	50% up to a \$100 maximum
Non-preferred Specialty Drugs (Tier 5)	50% up to a \$150 maximum
90-day supply	
Generic Drugs (Tier 1)	\$30
Preferred Brand Drugs (Tier 2)	\$70
Non-preferred Brand Drugs (Tier 3)	\$120
Preferred Specialty Drugs (Tier 4)	50% up to a \$200 maximum
Non-preferred Specialty Drugs (Tier 5)	50% up to a \$300 maximum

Visit carefirst.com/rx for the most up-to-date drug lists and other important information.

Specialty Pharmacy Coordination Program

Members taking high-cost drugs for complex health conditions receive one-on-one care support.

CVS Caremark Mail Service

Sign up for a 90-day supply by mail and you'll only pay the cost of a 60-day supply. Save money and time by refilling prescriptions with CVS Caremark Mail Service Pharmacy.

PERKS INCLUDED WITH EVERY PLAN



Achieve your wellness goals with the help of programs for weight loss, tobacco cessation and more



Enjoy exclusive discounts through our Blue365 Program on things like fitness gear, gym memberships, meal delivery services, hotels and travel



Earn up to \$375 by completing healthy activities through your wellness and incentive program



Pay nothing for annual in-network preventive care and 24-Hour Nurse Advice Line.

"I take advantage of the hotel discounts through Blue365."



"I lost 30 lbs. with the help of my coach and the weight loss program."




"I like knowing I can call the 24-hour nurse line at any time."




VIRTUAL CONNECT— \$0 CARE ANYTIME, ANYWHERE

Our plans now include Virtual Connect, an enhanced virtual care benefit available through CloseKnit. You'll get convenient access to \$0 virtual care for primary care and mental health visits. If you are in a qualified-HSA plan, you will pay \$0 for non-preventive care after meeting your deductible.


With CloseKnit, a virtual-first primary care practice, you can get 24/7/365 access to the care and support you deserve—when and where you need it. All CareFirst members 18 years and up can get personalized care from full-time, dedicated and highly credentialed providers—all through the easy-to-use CloseKnit app. Services include:




Chat with
your
Care Team



Book same-day
and future
virtual visits



Quick and easy
prescription
refills



Preventive,
urgent and
chronic care

CloseKnit's dedicated care teams can treat most illnesses virtually—wherever you are in the U.S.—and can connect members with in-person or specialty care with local providers, if needed.

To learn more about CloseKnit, visit closeknithealth.com.



"I really appreciate the \$0 copay for virtual visits. It lets me keep my mind on my health and not my wallet."

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 telehealth services to CareFirst members.

TELEMEDICINE OPTIONS

Advances in technology have made it easier and more convenient to get care wherever and whenever you need it.

CareFirst Video Visit

Video Visit securely connects you with a doctor, day or night, through your smartphone, tablet or computer. You can also schedule visits for other needs such as therapy or counseling, nutrition or breastfeeding. Visit carefirstvideovisit.com to learn more.



24-Hour Nurse Advice Line

Registered nurses are available through our 24-Hour Nurse Advice Line. Call **800-535-9700** to talk to a nurse about your symptoms and the most appropriate steps to take.

CAREFIRST WELLBEING

We're pleased to introduce CareFirst WellBeingSM—your personalized digital connection to your healthiest life. CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

- **RealAge®:** Find out if your healthy habits are truly making an impact by taking the RealAge® health assessment.
- **Health coaching:** Trained professionals provide one-on-one support to help you reach your wellness goals.
- **Weight management program:** Improve your overall health, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.
- **Tobacco cessation program:** Our program's expert guidance, support and online tools make quitting easier than you might think.
- **Financial well-being program:** Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, this program can help.

FIND A DOCTOR

CareFirst has one of the world’s largest networks of participating providers—over one million in all. Whether you’re looking for a primary care physician, a specialist or a care facility, we can help you find one that’s right for you. Our simple Find-a-Doctor tool helps you select the right healthcare at the right place.



Try it for yourself. Visit **carefirst.com/doctor**. You’ll be able to search by name, location, specialty and a host of other options. You can even find participating doctors and facilities outside of the U.S.

MY ACCOUNT BENEFITS

Your *My Account* page makes managing your CareFirst plan simple and easy. Everything you need to take the best care of yourself is right here. At *My Account*, you can:

- Check your plan’s benefits and deductible
- View, order and print your member ID cards
- Review your claims status and Explanation of Benefits (EOB)
- Find in-network doctors, labs and hospitals
- Access your wellness program and other tools
- Send a secure message for member support

TREATMENT COST ESTIMATOR

Our Treatment Cost Estimator shows you what you’ll pay for procedures, doctor’s office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises.



- Receive personalized estimates based on your plan
- Compare costs from different doctors and facilities

AWAY FROM HOME CARE®

When you're away from home for 90 consecutive days or more, we've got you covered. Whether you're out-of-town on extended business, traveling or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

- You can see any affiliated Blue Cross Blue Shield HMO (Host HMO) provider when you are outside the CareFirst service area.
- You'll be considered a member of the Host HMO and receive care under their plan. Your cost may be different than when you're in the CareFirst service area.
- Once you're enrolled in the program and receive care, you don't have to complete claim forms, so there's no paperwork. And you're only responsible for out-of-pocket costs such as copays, deductibles, coinsurance and the cost of non-covered services.

BLUECARD & BLUE CROSS BLUE SHIELD GLOBAL® CORE

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core), you have access to care in more than 190 countries.

BlueCard

- You'll have access to local Blue Cross Blue Shield Plan doctors and hospitals when you're outside the CareFirst service area.
- You'll be considered a member of the local BCBS plan when you receive care. Your cost may be different than when you're in the CareFirst service area.
- For care received in-network, you don't have to complete claim forms, so there's no paperwork.

BCBS Global® Core

- In most cases, you shouldn't have to pay up front for inpatient care at hospitals in the BCBS Global Core Network.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care and other medical services. You then complete an international claim form for reimbursement.

UNDERSTANDING YOUR OPTIONS FOR CARE

It's helpful to know where you can go for care before you need it. Becoming familiar with the information below can help you save time and money.



Seeking advice: 24-Hour Nurse Advice Line

- General questions about health issues or where to go for care
- Registered nurses are available 24/7 by phone



Need care soon: Primary Care Provider

- Diagnosis & treatment of illness, chronic conditions, check-ups
- Night/weekend hours & some may have 24-hour phone lines



Want care quickly: Carefirst Video Visit

- Treatment for minor illnesses and injuries as well as therapy, psychiatry, diet and nutrition and breastfeeding support
- Board-certified doctors available by smartphone, tablet or computer



Need care now: Urgent Care Center

- Non-life-threatening illness or injury requiring immediate care
- Open 7 days a week



Emergency: 911 or Nearest ER

- Life-threatening illness or injury
- Open 24/7

MENTAL AND BEHAVIORAL HEALTH SUPPORT

You have 24/7 access to specialized services and programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions. Our support team of professionals is ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

Our Behavioral Health Digital Resource is an online platform that gives you access to trained volunteer listeners, community support and referrals to credentialed physicians in the CareFirst provider network. Learn more about all the free mental and behavioral support available at carefirst.com/mentalhealth.



You're never alone. If you or someone you know is in crisis, dial 988 or contact the CareFirst support line at 800-245-7013.

BLUE REWARDS INCENTIVE PROGRAM

As part of your wellness program, Blue Rewards adds an incentive to your efforts to better your health. By completing a few healthy activities you can earn—and keep earning—as you continue to put your own care first. Each activity comes with its own reward.



Earn \$50

Take the RealAge® test to determine your physical rather than your calendar age



Earn \$100

Select a primary care doctor and complete a health screening



Earn \$25

Retake the RealAge test after 90 days



Earn up to \$200

Participate in up to 3 health coaching sessions

Once you’ve completed one or more of the activities, you’ll receive a CareFirst Blue Rewards Visa® Debit Card with your rewards on it. This money can be used toward your annual deductible, out-of-pocket costs or other eligible expenses under your plan. Keep the card for as long as you’re a member and future incentives will be added to your balance as you earn them.

To view, or get started earning your rewards, visit carefirst.com/wellbeing to download the CareFirst WellBeing app and register for your account. If you have been using Sharecare through CareFirst, you can download the WellBeing app and log in with your current user name and password.



“I took the RealAge test and learned how my everyday choices were affecting my overall health. The trackers and challenges keep me motivated to be more active.”

NEXT STEPS

Ready to enroll?

- Complete the enrollment process
- Look for your member ID cards in the mail
- Be sure to download the CareFirst mobile app to access your plan on-the-go

Not ready to choose your plan just yet?

- Set a reminder on your phone so you don't miss the deadline!



Set a reminder on your phone so you don't miss the deadline!



We're here to help! If you have additional questions, please call 888-567-9455, Monday-Friday 8 a.m. to 9 p.m. EST.

"We're excited to have you join us in the CareFirst Family. We hope our stories helped you make a decision."



RIGHTS AND RESPONSIBILITIES

Notice of privacy practices

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

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

Member satisfaction

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

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

If you send your comments to us in writing, please include your identification number and provide us with as much detail as possible regarding the event or incident. Please include your daytime telephone number so that we may contact you directly if we need additional information. Our Quality of Care Department will investigate your concerns, share those issues with the provider involved and request a response. We will then provide you with a summary of our findings. CareFirst member complaints are retained in our provider files and are reviewed when providers are considered for continuing participation with CareFirst.

These procedures are also outlined in your Evidence of Coverage.

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

Hearing impaired

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

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

Language assistance

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

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

Confidentiality of subscriber/ member information

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

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

Our responsibilities

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

Your rights

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

- Request that we restrict the PHI we use or disclose about you for payment or health care operations.
- Request that we communicate with you regarding your information in an alternative manner or at an alternative location if you believe that a disclosure of all or part of your PHI may endanger you.
- Inspect and copy your PHI that is contained in a designated record set including your medical record.
- Request that we amend your information if you believe that your PHI is incorrect or incomplete.
- An accounting of certain disclosures of your PHI that are for some reasons other than treatment, payment, or health care operations.

- Give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice.

Inquiries and complaints

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

Members' rights and responsibilities statement

Members have the right to:

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

Members have a responsibility to:

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

Eligible individuals' rights statement wellness and health promotion services

Eligible individuals have a right to:

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

Habilitative services

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

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

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

Mastectomy-related services

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

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

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

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

Care for mothers, newborns

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

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

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

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

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

DEFENDING ACCESS TO WOMEN’S HEALTH CARE SERVICES REVISION ACT OF 2018

The services set forth below mirrors preventive services under the Patient Protection and Affordable Care Act. These preventive services and contraceptive services are covered when clinically appropriate, under recommendations of the United States Preventive Services Task Force and supporting evidence. Services apply to D.C. plans that have elected or are required to provide these preventive services. Limitations may apply with respect to the availability, setting, frequency, or method of a service or treatment.

These preventive services are offered at no cost to you. This means you don't have to pay a copay or coinsurance, even if you haven't met your deductible. Subscribers are still responsible for their portion of the premiums

Children

Well child visits (to age 21) to include:

- Alcohol and drug assessments for older children
- Autism screening
- Cardiac arrest risk assessment
- Certain diagnostic screenings for newborns
- Cervical dysplasia for sexually active females
- Counseling for certain sexually transmitted diseases for those at increased risk
- Depression screening
- Developmental screenings—under age 3
- Fluoride varnish
- Health, diet and weight counseling
- Hearing screening for newborns
- Hematocrit or hemoglobin screening
- Hepatitis B infection assessment
- HIV screening
- Lead testing
- Obesity screening
- Suicide risk assessment
- Tobacco use screening and cessation counseling
- Vision screening

Immunizations for children include:

- COVID-19
- Diphtheria, Tetanus, Pertussis
- Hepatitis A and Hepatitis B
- Human Papillomavirus (HPV)
- Inactivated Polio
- Influenza
- Influenza B
- Measles, mumps and rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

Adults

Preventive care visits include:

- Abdominal aortic aneurysm (one-time) screening
- Alcohol misuse screening
- Anemia screening
- Breast cancer (mammogram)
- BRCA testing for breast/ovarian cancer risk and genetic counseling
- Breastfeeding support, supplies and counseling
- Cervical cancer screening
- Cholesterol screening
- Colon Cancer Screenings
- Contraceptive care and counseling including alternative methods
- Depression screening
- Fall Prevention Physical therapy and Vitamin D (OTC*) supplementation to prevent falls in community-dwelling adults (those who are not in assisted living facilities or nursing homes), age 65 years or older who are at increased risk for falls.

- FDA-approved contraceptives and counseling
- Generic Truvada (emtricitabine/tenofovir disoproxil fumarate) (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's health care provider) including medication monitoring, preventive counseling or office visits which may include the following services:
 - Adherence counseling
 - Creatinine testing
 - HIV, Hepatitis B and Hepatitis C screenings
 - Pregnancy testing
 - STI screening & counseling
- Gestational diabetes screening
- Health, diet and weight counseling for qualifying adults
- Hepatitis B and Hepatitis C screening
- High blood pressure screening
- HIV screening
- HPV DNA testing
- Intimate partner, interpersonal and domestic violence screening and counseling
- Lung cancer screening
- Obesity screening
- Osteoporosis screening
- Rh incompatibility and urinary tract infection screenings for pregnant women
- Sexually transmitted diseases
- Tuberculosis screening
- Type 2 diabetes screening
- Tobacco use screening and cessation counseling

FDA-approved contraceptives:

- Cervical cap (P) with spermicide (OTC*)
- Contraceptive implant system (inserted by doctor)
- Contraceptive patch (P)
- Contraceptive ring (P)
- Diaphragm (P) with spermicide (OTC*)
- Female condom (OTC*)
- Fertility Mobile Apps**
- IUD (inserted by doctor)
- Morning after pill (generic only) (OTC*)
- Oral contraceptive (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's healthcare provider). Preauthorization and medical review of brand name oral contraceptives is required.
- Oral contraceptive (generics) (P)
- Shot/injection1 (generic only) (P)
- Spermicide (OTC*)
- Sponge (OTC*) with spermicide (OTC*)
- Sterilization implant
- Sterilization surgery

Immunizations for adults:

- COVID-19
- Hepatitis A and B
- Herpes Zoster
- HPV

Information on preventive services are available at [healthcare.gov/coverage/preventive-care-benefits](https://www.healthcare.gov/coverage/preventive-care-benefits)

To verify your benefits, check your benefits contract, your enrollment materials or log into *My Account* at carefirst.com/myaccount.

*Requires a prescription from a physician, or a D.C., Board certified, network pharmacists for contraceptives. Prescriptions must be filled at a network pharmacy to obtain the zero-cost share. You may be able to receive up to a 12-month supply of contraceptives at one time. Ask your physician or pharmacist if you have any questions regarding dispensing amount.

**Cannot submit to both HSA and FSA for reimbursement

¹ Includes brand name Depo-SubQ Provera 104 (injection)

(P) Prescription Required; (OTC) Over the Counter



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The examples provided in this booklet are meant to help you evaluate the benefits we offer. They are not meant to convey the exact terms of any one particular plan and do not create rights not given through the benefit plan. The details of your plan may vary.

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call CareFirst.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-258-6518。

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