

CareFirst.  
BlueCross BlueShield

More to feel good about.SM



City of Baltimore

2010 Health Care Options

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The City of Baltimore

Important Phone Numbers for 2010

Dedicated Customer Service

(410) 581-3508 or (800) 535-2292

Mailing Address

CareFirst BlueCross BlueShield

Mail Administrator

P.O. Box 14114

Lexington, KY 40512-4114

Important Information for 2010

- Traditional Plan only available to Retirees.
- New ID cards will be issued to all members. This will not affect your benefits.
- Under the Medicare Secondary Payer (MSP) Mandatory Reporting, the federal law requires the mandatory collection and reporting of social security numbers for all covered participants including employees, retirees and their dependents through employer group health benefit plans. Noncompliance may result in loss of coverage for covered participants with invalid social security numbers.

The City of Baltimore requires all its members to enroll in Medicare Part B at the time they become eligible for Medicare Part A. Once enrolled in Medicare Part B, you must remain enrolled in order to receive benefits.

Welcome



Did you know that smiling has been proven to reduce stress?

It can also boost your immune system. And lower your blood pressure. If that's not enough, smiling releases endorphins which make you feel better.

Well at CareFirst BlueCross BlueShield (CareFirst), we give you even more reasons to smile, by offering more of what you want from a health care plan:

More choices.

More experience.

More doctors.

So smile. It's good for you!

Preferred Provider Organization

A Referral-Free Go Anywhere Health Plan

Designed for today’s health conscious and busy families, the Preferred Provider Organization (PPO) plan offers one less thing to worry about during your busy day. Your PPO plan gives you the freedom to visit any provider you wish – any time you wish. This means you can receive care from the provider of your choice without ever needing to select a primary care physician (PCP) or obtaining a PCP referral for specialist care.

Benefits of PPO

- Access to our network of more than 23,000 doctors, specialists and hospitals in Maryland, Washington, D.C. and Northern Virginia.
- No primary care physician required, and no referrals to see a specialist.
- Take your health care benefits with you – across the country and around the world.
- Receive coverage for preventive health care visits, many of which are covered without having to meet a deductible.
- Avoid balance billing when you receive care from a preferred provider.
- Enjoy the freedom to visit providers outside of the PPO network and still be covered but with a higher out-of-pocket cost.

How Your Plan Works

In-network vs. Out-of-network Coverage

The amount of coverage your PPO plan offers depends on whether you see a provider in the PPO network (preferred provider). You will always receive a higher level of benefits when you visit a preferred provider. However, the choice is entirely yours. That’s the advantage of a PPO plan.



No referrals.
No PCPs.
Coverage anywhere.

Preferred Provider Organization

A Referral-Free Go Anywhere Health Plan

In-network benefits provide a higher level of coverage. This means you have lower out-of-pocket costs when you choose a preferred provider. If you are out of the CareFirst BlueCross BlueShield (CareFirst) service area, you have the freedom to select any provider that participates with a Blue Cross and Blue Shield PPO plan across the country and receive benefits at the in-network level.

Out-of-network benefits provide a lower level of coverage in exchange for the freedom to seek care from any provider you choose. If you receive services from a provider outside of the PPO network (non-preferred provider), you may have to:

- Pay the provider's actual charge at the time you receive care.
- File a claim for reimbursement.
- Satisfy a higher deductible and/or coinsurance amount.

Hospital Authorization/ Utilization Management

Preferred providers will obtain any necessary admission authorizations for in-area covered services. You will be responsible for obtaining authorization for services provided by non-preferred providers and out-of-area admissions. Call toll-free at (866) – PREAUTH.

Your Benefits

Depending on your particular plan, you may have to pay a copay or coinsurance when you receive care.

Example:

Let's say you get the flu. Your doctor may typically charge \$500 for your visit. But because of their agreement with CareFirst, instead they charge the agreed upon fee of \$300. This is called the allowed benefit for this service.



Preferred Provider Organization

A Referral-Free Go Anywhere Health Plan

Assume your plan has a \$15 copay for in-network benefits, a member coinsurance for out-of-network benefits, and you have met your deductible.

You visit an in-network preferred doctor.

Provider's Charge	Allowed Benefit	You Pay (in-network copay)
\$500	\$300	\$15

You visit an out-of-network non-preferred doctor.

Provider's Charge	Allowed Benefit	You Pay* (out-of-network coinsurance)
\$500	\$300	$(10\% \times \$300) = \$30 + \$200$ (the portion of the non-preferred provider's charge that is above CareFirst's allowed benefit) = \$230

**In general, non-preferred providers do not have an agreement with CareFirst to accept the allowed benefit as payment in full for their services. Therefore, if you receive services from a non-preferred provider, you may be balance billed based on the provider's actual charge. In addition, you may be required to pay the non-preferred provider's total charges at the time of service and submit a claim to CareFirst for reimbursement.*

Your lifetime maximum

The major medical portion of your plan has a lifetime maximum. This is the maximum amount CareFirst will pay for your covered services as long as you are a member.

Out-of-Area Coverage

You have the freedom to take your health care benefits with you – across the country and around the world. BlueCard® PPO, a program from the Blue Cross and Blue Shield Association, allows you to receive the same health care benefits when receiving care from a BlueCard® preferred provider while living or traveling outside of the CareFirst service area (Maryland, Washington, D.C. and Northern Virginia). The BlueCard® program includes more than 6,100 hospitals and 600,000 other health care providers nationally.

Important Terms

Allowed benefit is the amount CareFirst allows for the particular service in effect on the date that service is rendered.

Copay is a fixed amount that a member must pay for a covered service.

Coinsurance is a percentage of the allowed benefit that a member must pay for a covered service.



Traditional Plan *(Retirees Only)*

Freedom to Choose

With CareFirst's Traditional Plan, you receive the highest level of coverage for your benefits when you visit a provider who "participates" with CareFirst BlueCross BlueShield. Over 29,000 providers are members of the CareFirst participating network, which means they accept CareFirst's allowed benefit as payment in full.

When you use one of these participating providers, you will not be billed for the difference between the amount CareFirst allows for covered services and the actual charge. This feature decreases your out-of-pocket costs and since the vast majority of Maryland hospitals and physicians participate in the program, you will have many opportunities to take advantage of these discounts.

CareFirst's Traditional Plan has a deductible for some covered benefits (which is your responsibility). Some services also require you to pay a percentage of the allowed benefit. The Benefits Comparison chart that begins on page 8 has more information regarding CareFirst's Traditional Coverage.

Key features of our Traditional Plan include:

- No balance billing or claims to file with participating doctors and hospitals.
- Coverage for hospitalization and major medical benefits.
- Blue Cross and Blue Shield card recognized nationwide.
- Dependents covered until end of calendar year in which they turn age 25 regardless of student status.
- Freedom to choose any doctor.

Another key benefit to using a participating doctor or hospital is that all of the paperwork is taken care of by the provider, who files claims on your behalf.

What if I'm out of the state and need medical care?

You have the same benefits both in and out of the State of Maryland. Your CareFirst card is accepted across the country.

What benefits are covered under the Traditional Plan?

CareFirst has a rich benefit package under the Traditional Plan. The benefit chart on page 6 has more detail, but the following areas are covered:

- Inpatient hospitalization.
- Hospital alternatives, such as home health care.
- Emergency care.
- Major Medical, which includes office visits for an illness.
- Maternity care, including all pre and post-natal visits.

Individual Case Management

Case Management is a voluntary program for patients who have serious illnesses, chronic conditions and complex health care needs. Case Management helps patients receive the most appropriate and effective care by working with the patient, family and medical team to develop the best treatment plan. Case managers are nurses who can help patients make the best use of their coverage, and can even authorize benefits or programs when it's cost effective or in the best interest of the patient.

To find out if you or a family member is eligible for this program, call your dedicated customer service department.

Traditional Plan *(Retirees Only)*

Freedom to Choose



Managed Care Features

CareFirst has several programs to help you make the most of your health care benefits and to ensure that you receive care in the most appropriate setting. Because the following services require authorization before you receive care, please follow the specific guidelines carefully to avoid penalties.

Infertility Services

Specific guidelines and criteria for medical necessity and eligibility apply for these services. Therefore pre-authorization is required before any benefits can be provided for AI/IVF services. A pre-authorization form must be completed by the provider performing the AI/IVF services. For additional information, contact your dedicated customer service department at (410) 581-3508 or (800) 535-2292.

Hospital Admissions

Before you are admitted to the hospital for a non-emergency procedure of any kind, you and your provider must call CareFirst to pre-authorize your hospital admission. In an emergency, the hospital will call us. This process is called Utilization Control Program Plus (UCP+).

To pre-authorize your hospital stay, call (410) 581-3552 or (800) 443-5434.

UCP+ representatives can only tell you if hospitalization is medically necessary, not if you have benefits for care. To avoid unexpected bills for non-covered services, CareFirst recommends that you call your dedicated service department to make sure you have benefits for all inpatient care you plan to receive.

Physical, Speech and Occupational Therapy

100 combined visits per calendar year are available under the Preferred Provider Plan and the major medical portion of the Traditional Plan. However, pretreatment approval is necessary before your tenth visit. If you need outpatient physical, speech, or occupational therapy, your provider must call CareFirst at (410) 581-3550 to submit a pretreatment plan for approval before your tenth visit. If you do not call for approval before your tenth visit, you will not receive benefits for any additional visits.

Private Duty Nursing and Coordinated Home Care

Private duty nursing and Coordinated Home Care must be medically necessary. Call CareFirst at (410) 581-3550 to receive pretreatment authorization for these services. If you do not call for pretreatment authorization, services will be denied.

The City of Baltimore requires all its members to enroll in Medicare Part B at the time they become eligible for Medicare Part A. Once enrolled in Medicare Part B, you must remain enrolled in order to receive benefits.

2010 Benefits Comparison:

Unrepresented, Managerial & Professional Society (Maps), and Retirees

Select the Plan that's Best for You

This chart shows the key differences between CareFirst's Preferred Provider Plan and Traditional Plan.

If you are going to be admitted to a hospital for elective (non-emergency) surgery, you or your physician must notify CareFirst before your admission.

Benefits	Preferred Provider Plan (In-Network Benefits)	Preferred Provider Plan (Out-of-Network Benefits)	Traditional Plan (Available for Retirees Only)
INPATIENT HOSPITALIZATION 365 DAYS (excludes Acute Inpatient Rehabilitation; Must be preauthorized by the plan)	80% allowed benefit up to \$1,000 annual out-of-pocket maximum, then paid at 100% of allowed benefit per individual. Annual out-of-pocket maximum per family \$3,000	\$100 deductible per admission, then paid at 70% up to \$1,500 out-of-pocket maximum per admission, then paid at 100% of covered charges	\$50 deductible for first admission per calendar year then paid at 100% of covered charges
MEDICAL OFFICE VISITS PRIMARY CARE PHYSICIANS (includes family, general, internal medicine and pediatricians)	\$20 copay per visit	80% allowed benefit	Major medical benefit subject to deductible and coinsurance
MEDICAL OFFICE VISITS Specialists	\$25 copay per visit	80% allowed benefit	Major medical benefit subject to deductible and coinsurance
ROUTINE ADULT PHYSICAL EXAMS 1 exam every 36 months	\$5 copay per visit	80% allowed benefit	No benefit
SURGERY	100% allowed benefit	80% allowed benefit	100% allowed benefit
ANESTHESIA SERVICES	100% allowed benefit	80% allowed benefit	100% allowed benefit
DIAGNOSTIC TESTS, X-RAY, LABORATORY SERVICES	100% allowed benefit	80% allowed benefit	100% allowed benefit
CHEMOTHERAPY/RADIATION THERAPY	100% allowed benefit	80% allowed benefit	100% allowed benefit
HOSPITAL EMERGENCY ROOM CHARGES	\$50 copay per visit (waived if admitted)	\$50 copay per visit (waived if admitted)	100% allowed benefit
HOSPICE (unlimited days; pre-authorization required)	100% allowed benefit up to \$20,000 lifetime maximum	100% allowed benefit up to \$20,000 lifetime maximum	100% allowed benefit up to \$20,000 lifetime maximum
HOME HEALTH CARE (up to 90 days per calendar year ; unlimited visits; pre-authorization required)	100% allowed benefit	100% allowed benefit	100% allowed benefit
PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY (up to 100 combined visits per year; Pre-authorization required after 10th visit)	100% allowed benefit	80% allowed benefit	Major medical benefit subject to deductible and coinsurance
MATERNITY BENEFITS Pre/Post Natal Care Delivery	100% allowed benefit for Professional Services only; Facility charges for Maternity pay the same as "Inpatient Hospitalization"	80% allowed benefit for Professional Services only; Facility charges for Maternity pay the same as "Inpatient Hospitalization"	100% allowed benefit

2010 Benefits Comparison:

Unrepresented, Managerial & Professional Society (Maps), and Retirees

Benefits	Preferred Provider Plan (In-Network Benefits)	Preferred Provider Plan (Out-of-Network Benefits)	Traditional Plan (Available for Retirees Only)
WELL-BABY CARE THROUGH AGE 6 (includes immunizations and vaccinations)	\$5 copay per visit Age # of Visits 0-11 months 4 12-23 months 3 2-6 years 1 per yr.	80% allowed benefit Age # of Visits 0-11 months 4 12-23 months 3 2-6 years 1 per yr.	No benefit
ONE ANNUAL PHYSICAL (ages 7 - 12 years)	\$5 copay per visit up to \$75 maximum	80% allowed benefit up to \$75 maximum	No benefit
IN VITRO FERTILIZATION (IVF) (pre-authorization required)	100% allowed benefit up to \$12,000 lifetime maximum	80% allowed benefit up to \$12,000 lifetime maximum	100% allowed benefit
ROUTINE GYN EXAM (one per year)	\$5 copay per visit	80% allowed benefit	No benefit
CHLAMYDIA SCREENING (one per year)	100% allowed benefit	80% allowed benefit	Major medical benefit subject to deductible and coinsurance
MAMMOGRAPHY (Ages 40-49 one every two years, Ages 50 and above one per year)	100% allowed benefit	80% allowed benefit	100% allowed benefit
CHIROPRACTIC SERVICES (Spinal manipulation)	100% allowed benefit	80% allowed benefit	100% allowed benefit
ACUPUNCTURE SERVICES (for Chronic Pain Management)	100% allowed benefit	80% allowed benefit	100% allowed benefit
DIABETIC MEDICAL SUPPLIES	100% allowed benefit	100% allowed benefit	100% allowed benefit
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS Administered by ValueOptions	All services approved and claims processed by ValueOptions	All services approved and claims processed by ValueOptions	All services approved and claims processed by ValueOptions except Medicare retirees
MAJOR MEDICAL BENEFITS	Preferred Provider Major Medical Services: Private duty nursing, medical supplies, ambulance (ground transport only), whole blood, orthopedic and prosthetic devices	Preferred Provider Major Medical Services: Private duty nursing, medical supplies, ambulance (ground transport only), whole blood, orthopedic and prosthetic devices	Traditional Major Medical Services: Office medical visits, private duty nursing, medical supplies, ambulance (ground transport only) whole blood, orthopedic and prosthetic devices, physical, occupational and speech therapies
ANNUAL MAJOR MEDICAL DEDUCTIBLE	MAPS and Unrepresented: \$250 per person, per calendar year Retirees: \$200 per person, per calendar year	MAPS and Unrepresented: \$250 per person, per calendar year Retirees: \$200 per person, per calendar year	\$200 per person, per calendar year
MAJOR MEDICAL BENEFIT PERCENTAGES	After deductible is satisfied, benefit percentages for major medical services: \$30,000 paid at 100% allowed benefit then \$195,000 paid at 50% allowed benefit up to lifetime maximum	After deductible is satisfied, benefit percentages for major medical services: \$30,000 paid at 100% allowed benefit then, \$195,000 paid at 50% allowed benefit up to lifetime maximum	After deductible is satisfied, major medical services. benefit percentages: \$30,000 paid at 100% allowed benefit then, \$195,000 paid at 50% allowed benefit up to lifetime maximum
LIFETIME MAXIMUM Applies to Major Medical Benefits Only	\$225,000 lifetime maximum applies to major medical benefits only	\$225,000 lifetime maximum applies to major medical benefits only	\$225,000 lifetime maximum applies to major medical benefits only

2010 Benefits Comparison:

Police, Fire, CUB, AFSCME (Locals 44, 558, 2202)

Select the Plan that's Best for You

This chart shows the key differences between CareFirst's Preferred Provider Plan and Traditional Plan.

Benefits	Preferred Provider Plan (In-Network Benefits)	Preferred Provider Plan (Out-of-Network Benefits)	Traditional Plan (Available for Retirees Only)
INPATIENT HOSPITALIZATION 365 DAYS (excludes Acute Inpatient Rehabilitation; Must be preauthorized by the plan)	100% of covered charges	\$100 deductible per admission, then paid at 80% up to \$1,500 out-of-pocket maximum per admission, then paid at 100% of covered charges	\$50 deductible for first admission per calendar year then paid at 100% of covered charges
MEDICAL OFFICE VISITS PRIMARY CARE PHYSICIANS (includes family, general, internal medicine and pediatricians)	\$10 copay per visit	80% allowed benefit	Major medical benefit subject to deductible and coinsurance
MEDICAL OFFICE VISITS Specialists	\$15 copay per visit	80% allowed benefit	Major medical benefit subject to deductible and coinsurance
ROUTINE ADULT PHYSICAL EXAMS (beginning at age 13; 1 exam every 36 months)	\$10 copay per visit	80% allowed benefit	No benefit
SURGERY	100% allowed benefit	80% allowed benefit	100% allowed benefit
ANESTHESIA SERVICES	100% allowed benefit	80% allowed benefit	100% allowed benefit
DIAGNOSTIC TESTS, X-RAY, LABORATORY SERVICES	100% allowed benefit	80% allowed benefit	100% allowed benefit
CHEMOTHERAPY/RADIATION THERAPY	100% allowed benefit	80% allowed benefit	100% allowed benefit
HOSPITAL EMERGENCY ROOM CHARGES	\$50 copay per visit (waived if admitted)	\$50 copay per visit (waived if admitted)	100% allowed benefit
HOSPICE (unlimited days; pre-authorization required)	100% allowed benefit up to \$20,000 lifetime maximum	100% allowed benefit up to \$20,000 lifetime maximum	100% allowed benefit up to \$20,000 lifetime maximum
HOME HEALTH CARE (up to 90 days per calendar year ; unlimited visits; pre-authorization required)	100% allowed benefit	100% allowed benefit	100% allowed benefit
PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY (up to 100 combined visits per year; Pre-authorization required after 10th visit)	\$10 copay per visit	80% allowed benefit	Major medical benefit subject to deductible and coinsurance
MATERNITY BENEFITS Pre/Post Natal Care Delivery	100% allowed benefit for Professional Services only; Facility charges for Maternity pay the same as "Inpatient Hospitalization"	80% allowed benefit for Professional Services only; Facility charges for Maternity pay the same as "Inpatient Hospitalization"	100% allowed benefit

2010 Benefits Comparison:

Police, Fire, CUB, AFSCME (Locals 44, 558, 2202)

Benefits	Preferred Provider Plan (In-Network Benefits)	Preferred Provider Plan (Out-of-Network Benefits)	Traditional Plan (Available for Retirees Only)
WELL-BABY CARE THROUGH AGE 6 (includes immunizations and vaccinations)	\$10 copay per visit Age # of Visits 0-11 months 4 12-23 months 3 2-6 years 1 per yr.	80% allowed benefit Age # of Visits 0-11 months 4 12-23 months 3 2-6 years 1 per yr.	No benefit
ONE ANNUAL PHYSICAL (ages 7 - 12 years)	\$10 copay per visit up to \$75 maximum	80% allowed benefit up to \$75 maximum	No benefit
IN VITRO FERTILIZATION (IVF) (pre-authorization required)	100% allowed benefit up to \$12,000 lifetime maximum	80% allowed benefit up to \$12,000 lifetime maximum	100% allowed benefit
ROUTINE GYN EXAM (one per year)	\$10 copay per visit	80% allowed benefit	No benefit
CHLAMYDIA SCREENING (one per year)	100% allowed benefit	80% allowed benefit	Major medical benefit subject to deductible and coinsurance
MAMMOGRAPHY (Ages 40-49 one every two years, Ages 50 and above one per year)	100% allowed benefit	80% allowed benefit	100% allowed benefit
CHIROPRACTIC SERVICES (Spinal manipulation)	100% allowed benefit	80% allowed benefit	100% allowed benefit
ACUPUNCTURE SERVICES (for Chronic Pain Management)	100% allowed benefit	80% allowed benefit	100% allowed benefit
DIABETIC MEDICAL SUPPLIES	100% allowed benefit	100% allowed benefit	100% allowed benefit
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS Administered by ValueOptions	All services approved and claims processed by ValueOptions	All services approved and claims processed by ValueOptions	All services approved and claims processed by ValueOptions except Medicare retirees
MAJOR MEDICAL BENEFITS	Preferred Provider Major Medical Services: Private duty nursing, medical supplies, ambulance (ground transport only), whole blood, orthopedic and prosthetic devices	Preferred Provider Major Medical Services: Private duty nursing, medical supplies, ambulance (ground transport only), whole blood, orthopedic and prosthetic devices	Traditional Major Medical Services: Office medical visits, private duty nursing, medical supplies, ambulance (ground transport only) whole blood, orthopedic and prosthetic devices, physical, occupational and speech therapies
ANNUAL MAJOR MEDICAL DEDUCTIBLE	\$200 per person, per calendar year	\$200 per person, per calendar year	\$200 per person, per calendar year
MAJOR MEDICAL BENEFIT PERCENTAGES	After deductible is satisfied, 80% allowed benefit up to lifetime maximum	After deductible is satisfied, 80% allowed benefit up to lifetime maximum	After deductible is satisfied, major medical services. benefit percentages: \$30,000 paid at 100% allowed benefit then, \$195,000 paid at 50% allowed benefit up to lifetime maximum
LIFETIME MAXIMUM Applies to Major Medical Benefits Only	\$225,000 lifetime maximum applies to major medical benefits only	\$225,000 lifetime maximum applies to major medical benefits only	\$225,000 lifetime maximum applies to major medical benefits only

Health & Wellness Discounts

Alternative Therapies and Wellness Services

Options Program

The Options Program opens the door to discounts on a broad range of alternative therapies and wellness services. Options is a free program for CareFirst BlueCross BlueShield members. Because it's a discount program and not a benefit under your medical plan, you don't need to worry about claim forms, referrals or paperwork. To save, just show your health plan ID card and pay the provider's fee at the time of service.

Want to know what services are available at discounted pricing?

The chart on the next page is a directory of available services. For a more detailed listing, visit www.carefirst.com/options. We're continually adding new services to the program so visit us online for the latest provider list and more information on each provider's discount or service.

Blue365

Blue365 is a program through the Blue Cross and Blue Shield Association that gives you access to even more discounts at no additional cost. Discounts are available in the areas of health and wellness, family care, health-focused financial services, and travel.



Want to know more about what Blue365 has to offer?

Go to www.carefirst.com/options and click on the Blue365 link at the bottom of the page for a list of vendors and resources available or call Member Services at the number on your ID card for more information.



For details on the health and wellness discounts available to you, visit www.carefirst.com/options.

Health & Wellness Discounts

Alternative Therapies and Wellness Services

Options Program Directory

Alternative Therapies & Wellness	Up to 30% discounts on chiropractic care, acupuncture, massage therapy, nutritional counseling, personal training, yoga, guided imagery, spa services and more. Healthways WholeHealth Networks, Inc. (800) 514-6502 http://options.wholehealthmd.com	
Eldercare Services	Free referral services to help members find qualified providers through ElderCarelink. You can find information for elders and families including home health care, home support, assisted living, adult day care, long term care, nursing homes, and support groups for caregivers. ElderCarelink (866) 451-5577 www.eldercarelink.com/carefirst	
Fitness Centers	Discounts on membership fees, initiation fees and more depending on which fitness network and location you choose.	
	GlobalFit (800) 294-1500 www.globalfit.com	National Fitness Network (800) 811-5454 www.nationalfitnessnetwork.com
Hearing Care	Free screenings, discounts on hearing aids and more.	
	Beltone (800) 235-8663 www.beltone.com	TruHearing (877) 587-3937 www.truhearing.com
Laser Vision Correction & Contact Lenses*	Discounts on laser vision correction and 100% patient financing with approved credit.	
	QualSight LASIK (877) 285-2010 www.qualsight.com/-carefirst	TruVision (800) 398-7075 www.truvision.com/carefirst/LASIK.htm <i>*Also offers discounts on mail-order contact lenses</i>
Medical IDs	22% discount on personalized medical ID bracelets and necklaces. American Medical ID (800) 363-5985 www.americanmedical-id.com/extras/carefirst.php	
Weight Loss & Management	Nationally recognized weight loss plan discounts.	
	Weight Watchers Online [®] www.weightwatchers.com/cs/cfbcbs	Jenny Craig [®] (800) 96-JENNY www.jennycraig.com/corporatechannel/carefirst.aspx

The Options and Blue365 programs are not offered as an inducement to purchase a policy of insurance from CareFirst. CareFirst does not underwrite these programs because they are not insurance products. No benefits are paid by CareFirst under these programs.

How to Find a Doctor or Hospital

In MD, D.C. and Northern Virginia – www.carefirst.com

It's easy to find the most up-to-date information on health care providers and facilities within the CareFirst BlueCross BlueShield service area of Maryland, Washington, D.C. and Northern Virginia.

Whether you need a doctor or a facility, www.carefirst.com can help you find what you're looking for based on your specific needs.

We make it easy for you to find the doctors you need at www.carefirst.com. The site is updated weekly, so you always have the most up-to-date information available.



Here's how it works:

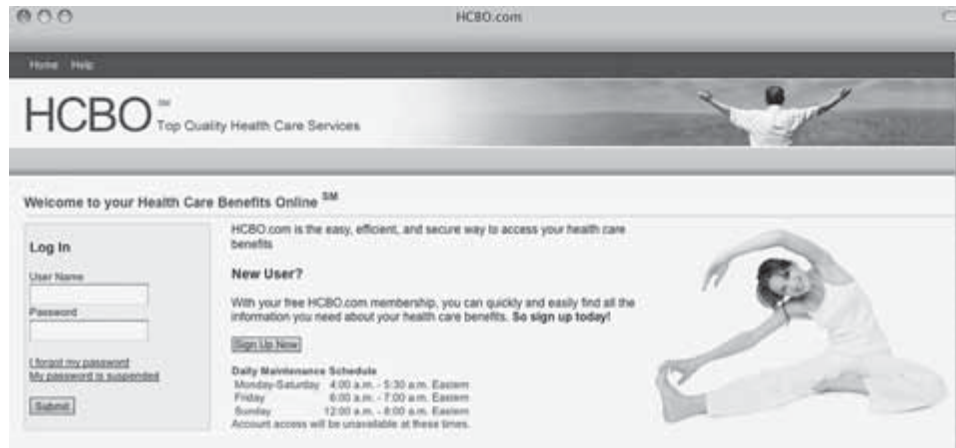
Here's how it works:

1. Go to www.carefirst.com.
2. Select "Find a Doctor" in the Solution Center.
3. Search for a doctor or facility by:
 - Provider Type.
 - Provider Name.
 - Specialty.
 - Location.
 - Even more options based on your preferences.
4. Click "Continue".
5. Click "Create a Printed Directory".

Health Care Benefits Online

Online Access to Claims and Benefits Information After 1/1/09

View real-time information on your benefits, claims, and out-of-pocket costs, whenever you need to with Health Care Benefits Online (HCBO).



Features of HCBO

- Find out who's covered on your policy and the effective date of your coverage.
- Locate participating doctors and hospitals.
- Check your coinsurance/copay amounts (if applicable) for your plan, and specific coverage for the most frequently used benefits.
- Determine how much you've already paid toward your deductible and out-of-pocket maximum (if applicable).
- Review up to three years of medical claims – total charges, benefits paid, costs for a specific date range, subscriber and/or dependent(s), claims status, and service type or claim number.
- Receive electronic explanation of benefits (EOB) statements.
- Order a replacement member ID card.

Your Security

Your log-in information is completely secure. Select your own User ID and Password, which you can change at any time. To protect your security, our staff will never ask you for your password.

Signing Up is Easy

Visit www.hcbo.com, click on "Sign Up Now" and set up your User ID and Password. You'll just need information from your member ID card.

FirstHelp™ – 24-Hours

Health Care Advice Line (800) 535-9700

Anytime, day or night, you can speak with a FirstHelp nurse. Registered nurses are available to answer your health care questions and help guide you to the most appropriate care.

How FirstHelp Works

Simply call (800) 535-9700 and a registered nurse will:

- Ask about your symptoms.
- Help you decide on the best source of care.

When to Call FirstHelp

First, you should call your doctor when you have a health concern. If you can't reach your doctor and have questions about your health, an illness or an urgent medical condition, a registered FirstHelp nurse is available to answer your questions and assist you in determining your options.

If you have an emergency and can't safely wait to speak with your doctor, call 911 or go to the nearest emergency room.

FirstHelp nurses won't be able to answer questions about the following:

- Your benefits and what is covered by your health care plan.
- Information on your claims.
- Pre-authorizations.

If you have questions about your benefits or claims, please call the Member Services number listed on the back of your ID card. If you need authorization for a service, please call the appropriate number listed on the back of your ID card.



My Account

Online Access to Your Claims Before 1/1/09

View real-time information on your claims and out-of-pocket costs online, whenever you need to with My Account. Simply log on to www.carefirst.com/myaccount for real-time information about your plan.

Features of My Account

- Find out who's covered on your policy and the effective date of your coverage.
- Check your deductible and out-of-pocket costs for your current and previous plan year.
- Review up to one year of medical claims – total charges, benefits paid, and costs for a specific date range.

Your Security

Your log-in information is completely secure. Select your own User ID and Password, which you can change at any time. Our staff will never ask you for your password and to protect your security you'll be logged out automatically after 15 minutes of inactivity.

Signing Up is Easy

Visit www.carefirst.com/myaccount, click on “*First Time User – Register Now*” and set up your User ID and Password. You'll just need information from your member ID card.

Additional Tools

Depending on your specific health plan, you may have access to the following services through My Account:

- Select a drug and the prescribed dosage to find out the exact dollar amount you'll pay at a particular pharmacy.
- View a side-by-side comparison of costs at local pharmacies.
- Find out potential savings of a generic drug.
- Email a nurse and receive a secure, online response within 24 hours.
- Plan for surgeries and other procedures by comparing outcomes and other quality measures for nearby hospitals.
- Download claim forms.
- Request replacement ID card.



Great Beginnings Program



Assessment and Screening

When you enroll in Great Beginnings, one of our case managers will contact you to review your medical history and to identify any other conditions that may affect your pregnancy.

Services

A case manager will contact you during each trimester of your pregnancy to see how you are feeling and to answer any of your questions. You will receive information related to your condition and your baby's development. Your case manager will tell you about community resources and support groups available to you during your pregnancy and immediately after your baby is born. He or she will also help you find a pediatrician close to your home to care for your baby.

If you experience complications during your pregnancy, your case manager will work closely with your doctor to coordinate necessary services. Your case manager will contact you often to provide the additional support and information you may need during this time.

The Great Beginnings program provides you with a direct link to your insurance company.

Your case manager is available to answer your questions Monday through Friday, 8:30 a.m. to 5:00 p.m.



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