CareFirst BlueChoice

BlueChoice HMO

MARYLAND SMALL GROUP REFORM

Summary of Benefits

SERVICES	In-Network You Pay
ANNUAL DEDUCTIBLE	
Individual	None
Individual & Child(ren)[6]	None
Individual & Adult	None
Family	None
ANNUAL OUT-OF-POCKET LIMIT	
Individual	$3,300
Individual & Child(ren)[6]	$6,400
Individual & Adult	$7,700
Family	$10,100
LIFETIME MAXIMUM	Unlimited
PREVENTIVE SERVICES	
Well-Child Care	
0-24 months	$10 per visit
24 months-13 years (immunization visit)	$10 per visit
24 months-13 years (non-immunization visit)	$10 per visit
14-17 years	$10 per visit
Adult Physical Examination	$10 per visit
Routine GYN Visits	$10 per visit
Mammograms	No charge[2]
Cancer Screening (Pap Test, Prostate and Colorectal)	No charge[2]
OFFICE VISITS, LABS & TESTING	
Office Visits for Illness	$10 PCP/$20 Specialist per visit
Diagnostic Services	No charge[2]
X-ray and Lab Tests	No charge[2]
Allergy Testing[7]	$10 PCP/$20 Specialist per visit
Allergy Shots[7]	$10 PCP/$20 Specialist per visit
Outpatient Physical, Speech and Occupational Therapy[5] (limited to 30 visits/condition/benefit period)	$20 per visit
Outpatient Chiropractic[5] (limited to 20 visits/condition/benefit period)	$20 per visit
EMERGENCY CARE AND URGENT CARE	
Physician's Office	$10 PCP/$20 Specialist per visit
Urgent Care Center	$20 per visit
Hospital Emergency Room[5]	$35 per visit (waived if admitted)
Ambulance (if medically necessary)	No charge[2]
HOSPITALIZATION	
Inpatient Facility Services	No charge[2]
Outpatient Facility Services	$20 per visit
Inpatient Physician Services	No charge[2]
Outpatient Physician Services	$20 per visit

SERVICES	In-Network You Pay
HOSPITAL ALTERNATIVES	
Home Health Care	No charge[2]
Hospice	No charge[2]
Skilled Nursing Facility (limited to 100 days/year)[5]	No charge[2]
MATERNITY	
Prenatal and Postnatal Office Visits	$10 per visit
Delivery and Facility Services	No charge[2]
Nursery Care of Newborn[3]	No charge[2]
Artificial Insemination[1]	50% of the allowed charges (after diagnosis is confirmed)
In Vitro Fertilization Procedures[1]	Not covered
MENTAL HEALTH (MH) AND SUBSTANCE ABUSE (SA)	
Inpatient Facility Services (limited to 60 days/benefit period)	No charge[2]
Inpatient Physician Services	No charge[2]
Outpatient Services (MH & SA)	30% of the allowed charges
Partial Hospitalization[5] (each day counts as 1/2 day toward inpatient limit)	No charge[2]
Medication Management Visit	$10 PCP/$20 Specialist per visit
MISCELLANEOUS	
Durable Medical Equipment	No charge[2]
Acupuncture	Not covered, unless medically necessary Plan approved for anesthesia and when services are rendered in conjunction with Physical Therapy
Transplants	Covered as stated in Evidence of Coverage
Hearing Aids for ages 0-18 (limited to $1,400 max per hearing aid every 3 years)[5]	No charge[2]
VISION	
Routine Exam (optometrist or ophthalmologist) (limited to 1 visit/benefit period)	$10 per visit at participating Vision Centers
Eyeglasses and Contact Lenses	Discounts from participating Vision Centers

[1] Members who are unable to conceive have coverage for the evaluation of infertility services performed to confirm an infertility diagnosis, and some treatment option for infertility. However, assisted reproduction (AI) services performed as treatment option for infertility are only available under the terms of the members contract. Preauthorization required.

[2] No copayments or coinsurance.

[3] Newborns must be enrolled within 31 days of birth.

[4] Emergency room copay applies to the deductible.

[5] CareFirst BlueChoice may be providing your BlueChoice benefits on either a contract or calendar year basis. Please refer to your benefits contract to determine which method applies to your group benefit plan.

[6] Please refer to your Evidence of Coverage to determine your coverage level.

[7] If office copayment has been paid additional office copayment not required for this service.

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

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

Policy Form Numbers: EOC-CC (MSGR) REV (10/05) • MD/BC-OOP/VISION (R. 6/04) • SOB-HMO-ENH-5/10 (MSGR) (R. 10/01) • CC/HMO/IP Copay MSGR 7/01 • SOB-HMO-ENHANCE (MSGR) (R. 1/05) • MD/CFBC/MSGR/SOB/CORE (7/06) • MD/CFBC/MSGR/DOCS (7/06) and any amendments.

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