

CareFirst[®]  
BlueCross BlueShield

More to feel good about.SM



BluePreferred

Northern Virginia

Why Don't *You* Have Health Insurance?

Too busy to make the arrangements?

Think you can't afford it?

It's a fact. For the cost of many of the things you buy each day, you can have the security and peace of mind of health coverage.

BluePreferred, a health plan from CareFirst BlueCross BlueShield (CareFirst) combines the freedom to select any doctor or specialist, ***even without a referral***, with the flexibility to customize your plan based on the cost options that you select. And to help you control those out-of-pocket costs, we offer you significant savings when you visit a doctor within the CareFirst Preferred Provider Network.

BluePreferred offers you:

- **Flexibility** – six benefit levels to choose from – so you can find a plan that's right for you!
- **Freedom to choose any doctor or hospital** – no referrals to delay your visit to a specialist – you just make the appointment.
- **A preventive care package** that saves you money with no charge for well-child care up to age 18 and predictable \$25 copays for adult preventive services – both with no deductible to meet – when you visit preferred providers!
- **Major Medical coverage** with no policy maximum – to protect you against the high cost of a lengthy illness.
- **Easy access to your benefits** with the Blue Cross Blue Shield BlueCard® program – your direct link to health care services nationwide.
- **Security of knowing that you're protected** by one of the state's leading health care insurers protecting individuals who buy their own insurance.

CareFirst provides its members with protection against the high cost of health care. We offer health insurance options to meet the needs and budget of individuals who purchase their own insurance.

Questions?

Call 410-356-8000 or toll free at 800-544-8703 or call your insurance broker

Lower Your Expenses



CareFirst provides you with access to more than 32,000 providers and 42 hospitals in the Washington, D.C. metropolitan service area who participate in our *Preferred Provider Organization*. When you choose to seek your care from one of these providers, CareFirst is able to offer you lower deductibles and coinsurance. Ask your doctor if he or she is a member of our PPO plan or check our Web site at www.carefirst.com.

Of course, BluePreferred also offers you the flexibility to select any doctor – either in or out of the CareFirst network. If you decide to go out-of-network for any covered services, you will simply share more of the costs, in the form of higher coinsurance and deductibles.

What are the benefits of selecting an in-network doctor?

- **Lower out-of-pocket costs** – When you receive services from our preferred providers, or in-network doctors, you will be responsible for a lower deductible and lower coinsurance amounts.
- **Preventive care** – BluePreferred helps keep you and your family healthy with well-child care (up to age 18) and cancer screenings with no deductible or copays. Plus, adult preventive exams are available at one predictable copay with no deductible to meet.
- **No balance billing** – Your provider agrees to accept the Preferred Provider Allowed Benefit as payment in full for covered services after you pay any applicable copayment or coinsurance. The Preferred Provider Allowed Benefit is the pre-negotiated fee agreed to by both the doctor and CareFirst. This means no unexpected costs to you.

How is an out-of-network doctor different?

Freedom – One of the biggest benefits of BluePreferred is that you actually can select any doctor you choose. Unlike some managed care plans in which you select a single primary care physician to manage your care, BluePreferred gives you the option to seek care on your own from physicians and specialists *outside* of the network. Of course, this option will require you to share more of the costs, in the form of higher coinsurance and deductibles.

Can I go “out-of-network” and still save money?

Yes. Some out-of-network providers are CareFirst participating providers, which means they have a special agreement with CareFirst regarding how much they charge. This agreement may limit the amount you owe, but you will still be responsible for your deductible and coinsurance amounts up to the out-of-network allowed benefit.

What if I choose to see an out-of-network non-participating provider?

That’s what makes BluePreferred so desirable – It’s so flexible! If you choose to visit an out-of-network, non-participating provider, you will be required to pay the out-of-network deductible and coinsurance amounts, and you will also be responsible for filing the necessary paperwork. In addition, you will be responsible for paying the price difference between CareFirst’s allowed benefit and what the provider actually charges, also called balance billing.

Questions?

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Choose Coverage That is Right for You

As a member of the BluePreferred plan, you can choose the personal health care program that's right for you – and your budget. The more you share in the cost of the coverage through higher deductibles and coinsurance payments, the lower your monthly premium.

This is how BluePreferred helps make health care coverage fit your budget – by letting you decide how much of the plan's cost you want to share through deductibles and coinsurance. Refer to the chart below and the rate charts included in this package to help you make your decision.

Deductibles, Coverage Levels and Out-of-Pocket Limits Per Individual

Your Deductible		Your Coverage Level		Your Out-of-Pocket Limit	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$100	\$300	90%	70%	\$2,500	\$5,000
\$300	\$600	90%	70%	\$2,500	\$5,000
\$300	\$600	80%	60%	\$2,500	\$5,000
\$500	\$1,000	80%	60%	\$2,500	\$5,000
\$750	\$1,500	80%	60%	\$3,500	\$7,000
\$2,500	\$5,000	80%	60%	\$5,000	\$7,500

It's very important to note that your out-of-pocket limit includes your deductible and most coinsurance payments.

How the Plan Works

- You pay the deductible when applicable – **Remember, no deductible is required for preventive care provided by an in-network doctor.**
- Once the deductible has been met, BluePreferred pays a percentage (90%, 80%, 70% or 60%) of the allowed amount. This is the coverage percentage that you initially select.
 - When you visit any CareFirst participating provider, after you meet the deductible, you only pay the associated coinsurance.
 - If you visit an out-of-network, non-participating provider you will not only be responsible for the coinsurance, but also for paying the difference between CareFirst's allowed benefit and what the provider actually charges.
 - Each member must meet his/her individual deductible, though families never pay more than two times the individual deductible.
- Unlike many other plans, your medical deductible is included as part of your out-of-pocket limit, which is the maximum a person on your policy spends towards coinsurance and deductibles per year.
- Members are responsible for their coinsurance until they reach the out-of-pocket calendar year limit.
- Once your out-of-pocket limit is reached, BluePreferred pays 100% of the allowed amount for most covered services.
- Prescription drug benefits are subject to separate deductibles, copayments, and maximums.
- A family never has to meet more than two individual out-of-pocket limits per calendar year. An individual family member cannot contribute more than the individual out-of-pocket limit toward meeting the family out-of-pocket limit.

Questions?

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In-Network Benefits At-a-Glance

Medical Benefits	You Pay
Well-Child Care	\$0
Mammograms, PAP tests, and PSAs (cancer screenings)	\$0
Adult Preventive Physical Exams	\$25 (no deductible)
Allergy Shots	\$5 (no deductible)
GYN Preventive Care	Your selected coinsurance percentage (no deductible)
Physician Office Visits	\$25 (no deductible)
Emergency Care - Emergency Room	\$50 (subject to deductible and coinsurance)
365 days Hospitalization per year	Your selected coinsurance percentage (after deductible)
Inpatient Physician Services	Your selected coinsurance percentage (after deductible)
Inpatient/Outpatient Surgery	Your selected coinsurance percentage (after deductible)
Diagnostic Tests and X-rays	Your selected coinsurance percentage (after deductible)
Annual Routine Eye Exam	\$10 (no deductible)
Physical Therapy	Your selected coinsurance percentage (after deductible)
Prescription Drugs*	\$100 deductible \$10 Generic copay \$25 Preferred Brand copay \$45 Non-Preferred Brand copay \$1,500 annual benefit maximum

* Generic drugs must be chosen when available or an additional expense will be incurred. Self-injectable drugs are covered at a 50% coinsurance up to a maximum member copayment of \$75 per covered injectable medication and are subject to the annual benefit maximum.

Note: If you use a provider who does not participate with any Blue Cross and Blue Shield plan, you will be responsible for any applicable deductible, copayment and coinsurance plus charges over the allowed benefit.

Out-of-network service(s) will require the completion of a claim form to obtain reimbursement for the covered benefit(s).

Prescription Drug Card Program

Your BluePreferred coverage includes a 4-Tier Prescription Drug Card program, designed to combat rising drug costs that drive up your premiums and overall health care costs. The Prescription Drug program covers both non-maintenance and maintenance prescription drugs dispensed by a retail pharmacy or the Walgreens mail service pharmacy. You can use your card at more than 59,000 participating pharmacies – including chains and independent pharmacies – nationwide. And, by visiting a participating pharmacist there are no claims to file. What’s more, if you take maintenance

medications over an extended period of time, your Prescription Drug Program offers you a way to save time and money. While maintenance drugs can be obtained either through retail pharmacies or through our mail-order program, the mail order program offers additional savings and convenience. When you use the mail order program, you pay **only two copays** for a 90-day supply of maintenance drugs, not three copays as you would through the retail program. Plus, you don't have to make a special trip to the pharmacy. Visit www.carefirst.com/rx to learn more about your prescription drug coverage.

Vision Care Services

BluePreferred offers you eye care benefits as part of your medical plan, through our network administrator, Davis Vision, Inc. For annual routine eye examinations, just call and make an appointment with one of the participating providers and pay the \$10 copay at the time of service. Additionally, through Davis Vision, you receive discounts of approximately 30% on eyeglass lenses and frames or contact lenses. *For medical eye care, please follow your normal medical procedures.*

Optional Maternity and Prenatal Coverage

You may also choose to add maternity and prenatal care coverage to your policy (for yourself or your covered spouse). For an additional \$126 a month, you will receive benefits for covered pre-and post-natal care as well as covered services associated with the delivery. *If you add maternity coverage at any time following your initial enrollment in BluePreferred, there will be a 10-month waiting period for maternity benefits.*

BlueCard® Program Features

Taking your benefits with you when you travel.

With BluePreferred, getting access to care while out of town is as easy as presenting your CareFirst BlueCross BlueShield identification card. Providers, hospitals and urgent-care facilities who participate with the local Blue Cross Blue Shield PPO plan – wherever you are in the U.S. – will recognize and honor your card. Need help finding a provider? Just call the BlueCard® phone number listed on your CareFirst ID card for personal assistance.

When You Need Care



UTILIZATION MANAGEMENT

When you need to be hospitalized or need therapy, your doctor will work with the Utilization Management team to ensure you receive the right care in the right place at the right time.

Hospital Precertification and Review

Any time you face non-emergency surgery or hospitalization, the Hospitalization Precertification and Review program works with your provider to determine if the hospital is the most appropriate place for your procedure and recovery. If you are hospitalized, a Utilization Management nurse will review your information and assist with discharge planning or approve additional inpatient hospital days if necessary.

Maximizing Your Drug Benefit

To help you and your family face the challenge of the rising cost of prescription drugs, CareFirst has developed drug utilization programs to encourage the use of drugs that are effective and cost-efficient in order to maximize the value of your prescription drug benefit. In addition, we frequently update the preferred drug list (Formulary) which can be found at www.carefirst.com/rx. Here you can also find tools to help you get the most from your prescription dollar such as learning how to save money with generic alternatives, finding participating pharmacies and much more.



CASE MANAGEMENT

When faced with a serious diagnosis or condition, you and your family have many tough choices and decisions to make. The Case Management program can help you navigate the complex health care system and provide support during your time of need. Some of the conditions most frequently case-managed include:

- Serious trauma.
- Cancer.
- Rehabilitation.
- Special needs.

Our case managers will:

- Work closely with you and your doctors to identify a treatment plan.
- Coordinate necessary services.
- Contact you regularly to see how you are doing.
- Answer any of your questions.
- Suggest community resources that may be available.



DISEASE MANAGEMENT

Our disease management programs can help you avoid or delay the complications related to chronic conditions.

We have programs for:

- Diabetes.
- Asthma.
- Chronic obstructive pulmonary disease (COPD).
- Congestive heart failure.
- Coronary heart disease.

When you enroll, you will:

- Receive information on how to manage your condition
- Be able to call a toll-free number 24 hours a day, 7 days a week, to speak with a registered nurse
- Have access to a Web site that has information about your condition
- Be able to email questions to a registered nurse



Options Discount Program

Options discount program provides you with discounts on laser vision correction, hearing care services, fitness club memberships and mail order contact lenses, as well as alternative therapies such as acupuncture, massage therapy and chiropractic care. CareFirst BluePreferred members can also receive discounts on tai chi, qi gong, pilates, yoga, nutrition counseling, guided imagery, meditation instruction, mind-body instruction and personal training.

Options is not a covered benefit under your health plan, but rather a way for you to access health and wellness practitioners at discounted rates. To find out more, visit www.carefirst.com/options.

Frequently Asked Questions

Q: Can I choose my own physician?

A: Yes. You have the freedom to select any doctor or hospital. And you can still save on out-of-pocket expenses by using either our preferred or participating provider networks. To view a listing of BluePreferred or CareFirst participating providers who automatically file claims for you and will not balance bill you, please visit us on the Web at www.carefirst.com. (For more information on balance billing, please read the FAQ on this page titled “What is balance billing and how does it affect my out-of-pocket costs?”)

Q: What types of health costs should I expect?

A: BluePreferred requires you to first pay your pre-chosen deductible before the insurance will pay. This deductible will vary depending on whether you visit an in-network or out-of-network doctor. Once the deductible is met you pay a coinsurance for most visits and procedures, which is a percentage of the total cost of the visit – this also varies depending on whether you visit an in-network or out-of-network doctor. (Please note: Many BluePreferred preventive care benefits are covered even before you meet your deductible when you visit an in-network doctor.)

Q: What is balance billing and how does it affect my out-of-pocket costs?

A: As a member of BluePreferred you have the option to visit doctors who do not participate with CareFirst. In addition to your coinsurance, you are also responsible for whatever amount the doctor charges over and above CareFirst’s negotiated amount (also called the allowed benefit) for the procedure.

For example, if the cost of a procedure is \$100, CareFirst’s negotiated amount for that procedure, when provided by a participating provider, may only be \$60. Should you choose to use a non-participating provider, you would be responsible for the \$40 difference between the doctor’s actual charge and CareFirst’s allowed benefit.

Q: Is preventive care covered?

A: Yes. BluePreferred coverage includes a special package of preventive care benefits for only \$25 per doctor visit – and you don't have to meet your deductible first – when you see an in-network doctor. Plus, well-child visits up to age 18 and cancer screenings are covered at 100% when you seek care from an in-network doctor.

Q: When does coverage begin?

A: Coverage begins the first day of the month following the date you're approved and is contingent upon receipt of payment.

Q: What about waiting periods?

A: There is a 10-month waiting period for pre-existing conditions.

Q: What is medical underwriting and how long does it take?

A: Medical underwriting is a systematic process that insurers use to evaluate information about a health insurance applicant. An underwriter at CareFirst carefully reviews the answers you provide to the health questions in your application. In addition, we may review past claims history on file, if applicable, and any medical reports completed by physicians. Based on this information we may approve the application at the requested rate or a higher rate, deny the request for coverage or deny coverage for a particular applicant. The review process typically takes 2-4 weeks.

Note: Products are available without medical underwriting or pre-existing condition waiting periods for those who meet the criteria specified by the Health Insurance Portability and Accountability Act (HIPAA). If you are HIPAA eligible, you have the option to be medically underwritten and qualify for a lower rate. (See insert.)

Questions?

Call 410-356-8000 or toll free at 800-544-8703 or call your insurance broker

It's Easy To Apply

Follow these easy steps to apply for BluePreferred.

To be eligible for BluePreferred coverage, the subscriber applying for medical coverage must be a resident of Northern Virginia and complete a medical questionnaire.

We begin processing your application as soon as it is received. The review process typically takes 2-4 weeks. Once you have submitted your application, you can call the BluePreferred Application Status Hotline toll free at **877-746-7515** for a status report on your application.

1. Choose what type of coverage you need.

- Individual
- Individual and Adult**
- Individual and Child(ren)*
- Family - Two eligible adults and eligible dependent(s)

* "Child" means your unmarried, eligible child up to age 23. Eligibility requirements are defined in the BluePreferred contract.

** "Adult" means the spouse of the subscriber or the domestic partner of the subscriber who resides with the subscriber and satisfies the eligibility requirements defined in the BluePreferred contract. The subscriber and domestic partner may not share a blood or familial relationship.

If you have questions about eligibility, please call our Product Specialists at **800-544-8703**.

2. **Choose the plan that fits your needs** using the BluePreferred Deductibles, Coverage Levels and Out-of-Pocket Limits chart on page 5.

3. **Locate your monthly premium using the rate charts enclosed.**

4. Complete the enclosed application.

Please make sure all information is complete and accurate. This will help speed up the application process.

- Make sure you check "Yes" in the Maternity benefit selection area if you wish to include benefits for maternity services.
- Sign and date the application.
- Apply online at www.carefirst.com/individual.

5. Send no money now.

You'll receive an invoice when your coverage is approved.

Additional Coverage Options

Coverage available from CareFirst BlueCross BlueShield:

- **BluePreferred Saver* and BluePreferred HSA*** – A Preferred Provider Organization (PPO) that reduces your out-of-pocket costs with a variety of deductible options including health savings account-compatible plans.
- **Supplement 65** – Traditional coverage to supplement your Medicare policy. For more information about this plan, please call our Product Specialist toll free at **800-275-3802**.

Other Available Coverage

- **CareFirst BlueChoice*, CareFirst BlueChoice-Saver* and CareFirst BlueChoice HSA*** - A flexible HMO plan, offered by CareFirst BlueChoice, Inc.** including lower-premium and health savings account-compatible plans.

* *Medical questionnaire must be completed.*

CareFirst BlueChoice, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ®' Registered trademark of CareFirst of Maryland, Inc.

Questions?

Call 410-356-8000 or toll free at 800-544-8703 or call your insurance broker

Exclusions and Limitations

10.1 General Exclusions

Coverage is not provided for the following:

- A. Any service, test, procedure, supply, or item which CareFirst determines not necessary for the prevention, diagnosis or treatment of the Member's illness, injury, or condition. Although a service may be listed as covered, benefits will be provided only if it is Medically Necessary and appropriate in the Member's particular case.
- B. Any treatment, procedure, facility, equipment, drug, drug usage, device, or supply which, in the judgment of CareFirst, is Experimental/Investigational, or not in accordance with accepted medical or psychiatric practices and standards in effect at the time of treatment, except for covered benefits for Clinical Trials.
- C. The cost of services that are furnished without charge or are normally furnished without charge if a Member was not covered under the Agreement or under any health insurance, or any charge or any portion of a charge which by law the provider is not permitted to bill or collect from the Member directly.
- D. Any service, supply, or procedure that is not specifically listed in the Member's Agreement as a covered benefit or that does not meet all other conditions and criteria for coverage as determined by CareFirst.
- E. Services that are beyond the scope of the license of the provider performing the service.
- F. Routine foot care, including services related to hygiene or any services in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, symptomatic complaints of the feet, or partial removal of a nail without the removal of its matrix. However, benefits will be provided for these services if CareFirst determines that medical attention was needed because of a medical condition affecting the feet, such as diabetes and, that all other conditions for coverage have been met.
- G. Any type of dental care (except treatment of accidental injuries, oral surgery, and cleft lip, cleft palate, or ectodermal dysplasia, as described in this Agreement) including extractions, treatment of cavities, care of the gums or bones supporting the teeth, treatment of periodontal abscess, removal of impacted teeth, orthodontia, false teeth, or any other dental services or supplies, unless provided in a separate rider or amendment to this Agreement. Benefits for oral surgery are in the Outpatient and Office Services Section of this Agreement. All other procedures involving the teeth or areas surrounding the teeth, including shortening of the mandible or maxillae for Cosmetic purposes or for correction of malocclusion unrelated to a functional impairment are excluded.
- H. Cosmetic surgery (except benefits for Reconstructive Breast Surgery or reconstructive surgery) or other services primarily intended to correct, change, or improve appearances. Cosmetic means a service or supply which is provided with the primary intent of improving appearances and not for the purpose of restoring bodily function or correcting deformity resulting from disease, trauma, or previous therapeutic intervention as determined by CareFirst.
- I. Treatment rendered by a Health Care Provider who is the Member's Spouse, parent, child, grandparent, grandchild, sister, brother, great grandparent, great grandchild, aunt, uncle, niece, or nephew or resides in the Member's home.
- J. Any prescription drugs, unless administered to the Member in the course of covered outpatient or inpatient treatment or unless the prescription drug is specifically identified as covered. Take-home prescriptions or medications, including self-administered injections which can be administered by the patient or by an average individual who does not have medical training, or medications which do not medically require administration by or under the direction of a physician are not covered, even though they may be dispensed or administered in a physician or provider office or facility, unless the take-home prescription or medication is specifically identified as covered. Benefits for prescription drugs may be available through a rider or amendment purchased by the Group and attached to the Agreement.
- K. All non-prescription drugs, medications, biologicals, and Over-the-Counter disposable supplies routinely obtained and self-administered by the Member, except for the CareFirst benefits described in this Agreement for diabetic supplies.
- L. Food and formula consumed as a sole source or supplemental nutrition, except as listed as a Covered Service in the Agreement.
- M. Any procedure or treatment designed to alter an individual's physical characteristics to those of the opposite sex.
- N. Treatment of sexual dysfunctions or inadequacies including, but not limited to, surgical implants for impotence, medical therapy, and psychiatric treatment.
- O. Fees and charges relating to fitness programs, weight loss or weight control programs, physical, pulmonary conditioning programs or other programs involving such aspects as exercise, physical conditioning, use of

passive or patient-activated exercise equipment or facilities and self-care or self-help training or education, except for diabetes outpatient self-management training and educational services. Cardiac rehabilitation programs are covered as described in this Agreement.

- P. Medical and surgical treatment for obesity and weight reduction, except in the instance of Morbid Obesity.
- Q. Medical or surgical treatment of myopia or hyperopia, including radial keratotomy and other forms of refractive keratoplasty or any complications thereof. Benefits for vision may be available through a rider or amendment purchased by the Group and attached to the Agreement.
- R. Services based solely on a court order or as a condition of parole or probation, unless approved by CareFirst.
- S. Health education classes and self-help programs, other than birthing classes or those for the treatment of diabetes.
- T. Acupuncture services, except when approved or authorized by CareFirst when used for anesthesia.
- U. Any service related to recreational activities. This includes, but is not limited to, sports, games, equestrian, and athletic training. These services are not covered unless authorized or approved by CareFirst even though they may have therapeutic value or be provided by a Health Care Practitioner.
- V. Any service received at no charge to the Member in any federal hospital or facility, or through any federal, state, or local governmental agency or department, not including Medicaid. (This exclusion does not apply to care received in a Veteran's hospital or facility unless that care is rendered for a condition that is a result of the Member's military service.)
- W. Private Duty Nursing.
- X. Non-medical services, including but not limited to:
 - 1. Telephone consultations, failure to keep a scheduled visit, completion of forms, copying charges, or other administrative services provided by the Health Care Practitioner or the Health Care Practitioner's staff.
 - 2. Administrative fees charged by a physician or medical practice to a Member to retain the physician's or medical practices services, e.g., "concierge fees" or boutique medical practice membership fees. Benefits under this Agreement are available for Covered Services rendered to the Member by a Health Care Provider.
- Y. Speech Therapy, Occupational Therapy, or Physical Therapy, unless CareFirst determines that the condition is subject to improvement. Coverage does not include non-medical Ancillary Services such as vocational rehabilitation, employment counseling, or educational therapy.
- Z. Services or supplies for injuries or diseases related to a covered person's job to the extent the covered person is required to be covered by a workers compensation law.
- AA. Travel (except for Medically Necessary air transportation and ground ambulance, as determined by CareFirst, and services listed under the Transplants Section of this Description of Covered Services), whether or not recommended by an Eligible Provider.
- BB. Services or supplies received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar persons or groups.
- CC. Contraceptive drugs or devices, unless specifically identified as covered in this Agreement, or in a rider or amendment to this Agreement.
- DD. Any illness or injury caused by war (a conflict between nation states), declared or undeclared, including armed aggression.
- EE. Services, drugs, or supplies the Member receives without charge while in active military service.
- FF. Habilitative Services delivered through early intervention and school services.
- GG. Custodial Care.
- HH. Coverage does not include non-medical Ancillary Services, such as vocational rehabilitation, employment counseling, or educational therapy.
- II. Services or supplies received before the effective date of the Member's coverage under this Agreement.
- JJ. Durable Medical Equipment or Supplies associated or used in conjunction with non-covered items or services.
- KK. Services required solely for employment, insurance, foreign travel, school, camp admissions or participation in sports activities.
- LL. Work Hardening Programs. Work Hardening Program means a highly specialized rehabilitation programs designed to simulate workplace activities and surroundings in a monitored environment with the goal of conditioning the participant for a return to work.
- MM. Elective abortions.

10.2 Infertility Services

Benefits will not be provided for any assisted reproductive technologies including artificial insemination, as well as in vitro fertilization, gamete intra-fallopian tube transfer, zygote intra-fallopian transfer cryogenic preservation or storage of eggs and embryo and related evaluative procedures, drugs, diagnostic services and medical preparations related to the same.

10.3 Transplants

Benefits will not be provided for the following:

- A. Non-human organs and their implantation. This exclusion will not be used to deny Medically Necessary non-Experimental/Investigational skin grafts.
- B. Any hospital or professional charges related to any accidental injury or medical condition for the donor of the transplant material.
- C. Any charges related to transportation, lodging, and meals unless authorized or approved by CareFirst.
- D. Services for a Member who is an organ donor when the recipient is not a Member
- E. Benefits will not be provided for donor search services.
- F. Any service, supply, or device related to a transplant that is not listed as a benefit in the Description of Covered Services.

10.4 Inpatient Hospital Services

Coverage is not provided (or benefits are reduced, if applicable) for the following:

- A. Private room, unless Medically Necessary and/or authorized or approved by CareFirst. If a private room is not authorized or approved, the difference between the charge for the private room and the charge for a semiprivate room will not be covered.
- B. Non-medical items and convenience items, such as television and phone rentals, guest trays, and laundry charges.
- C. Except for covered Emergency Services and Maternity Care, a hospital admission or any portion of a hospital admission (other than Medically Necessary Ancillary Services) that had not been approved by CareFirst, whether or not services are Medically Necessary and/or meet all other conditions for coverage.
- D. Private Duty Nursing.

10.5 Home Health Services

Coverage is not provided for:

- A. Private Duty Nursing.
- B. Custodial Care.

10.6 Hospice Services

Benefits will not be provided for the following:

- A. Services, visits, medical equipment, or supplies not authorized by CareFirst.
- B. Financial and legal counseling.
- C. Any services for which a Qualified Hospice Program does not customarily charge the patient or his or her family.
- D. Reimbursement for volunteer services.
- E. Chemotherapy or radiation therapy, unless used for symptom control.
- F. Services, visits, medical equipment, or supplies that are not required to maintain the comfort and manage the pain of the terminally ill Member.
- G. Custodial Care, domestic, or housekeeping services.

10.7 Medical Devices and Supplies

Benefits will not be provided for purchase, rental, or repair of the following:

- A. Convenience items. Equipment that basically serves comfort or convenience functions or is primarily for the convenience of a person caring for a Member (e.g., an exercycle or other physical fitness equipment, elevators, hoier lifts, shower/bath bench).
- B. Furniture items, movable objects or accessories that serve as a place upon which to rest (people or things) or in which things are placed or stored (e.g., chair or dresser).
- C. Exercise equipment. Any device or object that serves as a means for energetic physical action or exertion in order to train, strengthen or condition all or part of the human body, (e.g., exercycle or other physical fitness equipment).
- D. Institutional equipment. Any device or appliance that is appropriate for use in a medical facility and is not appropriate for use in the home (e.g., parallel bars).
- E. Environmental control equipment. Equipment that can be used for non-medical purposes, such as air conditioners, humidifiers, or electric air cleaners. These items are not covered even though they may be prescribed, in the individual's case, for a medical reason.
- F. Eyeglasses or contact lenses (except when used as a prosthetic lens replacement for aphakic patients as in this Agreement), dental prostheses or appliances (except for Medically Necessary treatment of Temporomandibular Joint Syndrome (TMJ)), or hearing aids.
- G. Corrective shoes (unless required to be attached to a leg brace), shoe lifts, or special shoe accessories.
- H. Medical equipment/supplies of an expendable nature, except as specifically listed as a Covered Medical Supply in this Agreement. Non-covered supplies include incontinence pads or ace bandages.

Take control of your
health care coverage.

Call 800-544-8703 today!

Or, apply online at

www.carefirst.com/individual.

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:

VA/CF/BP/DB/IEA (7/08)

VA/CF/BP/DOCS (7/08)

VA/CF/BP/DB/SOB (7/08)

VA/CF/DB/ELIG (R. 7/08)

VA/CF/IND RX3 (R. 7/09)

VA/CF/VISION (R. 1/06)

and any amendments.



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