

Individual CareFirst BlueChoice, Inc. Application



OFFICE USE ONLY:

(District of Columbia Residents)

CareFirst BlueChoice, Inc.
840 First Street, NE, Washington, DC 20065

ID #:	CLASS/PLAN #:
GROUP #:	EFF DATE:

INSTRUCTIONS

- Please fill out all applicable spaces on this application. Print or type all information.
- Be sure to select a **Primary Care Physician (PCP) and PCP ID number** for all enrolled applicants.
- Sign and return this application in the postage-paid return envelope if provided, or mail to:
APPLICATION PROCESSING
5965 SANDY RIDGE
ELKRIDGE, MARYLAND 21075

Give careful attention to all questions in this application. Accurate, complete information is necessary before your application can be processed. *If incomplete, the application will be returned and delay your coverage.*

[FAX COMPLETED APPLICATION TO:
1-877-877-5801 OR 1-410-796-7456

OR MAIL TO:
APPLICATION PROCESSING
5965 SANDY RIDGE
ELKRIDGE, MD 21075

YOU WILL RECEIVE A CONFIRM E-MAIL WITHIN 24-48
[HOURS OF RECEIPT

1. APPLICANT INFORMATION (The oldest applicant will be the Subscriber)

Last Name	First Name	Initial	Social Security #	
Residence Address: (Number and Street, Apt. #)		City and State	Zip Code (9-digit, if known)	
Billing Address, if different from Residence Address: (Number and Street, Apt. #)		City and State	Zip Code (9-digit, if known)	
Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner		Height
Home Phone () ()	Work Phone () ()	E-mail Address		
Name of Primary Care Physician (PCP)			PCP ID Number	

2. COVERAGE SELECTION: (Check one)

- Individual** - Provides coverage for one person
 Individual & Child(ren) - Provides coverage for an individual and eligible dependent(s)
 Individual & Adult - Provides coverage for two eligible adults
 Family - Provides coverage for two eligible adults and eligible dependent(s)

3. ENROLLING FAMILY MEMBER(S) – Complete only if you select Individual & Child(ren), Individual & Adult or Family Coverage

Last Name	First Name	M. I.	Relationship	Social Security #	Date of Birth (Mo/Day/Yr)	SEX	HT (in.)	WT (lbs.)	Medical Center or PCP Name (Include PCP ID#)
Spouse/Domestic Partner						<input type="checkbox"/> M <input type="checkbox"/> F			Name PCP ID#
Dependent 1						<input type="checkbox"/> M <input type="checkbox"/> F			Name PCP ID#
Dependent 2						<input type="checkbox"/> M <input type="checkbox"/> F			Name PCP ID#
Dependent 3						<input type="checkbox"/> M <input type="checkbox"/> F			Name PCP ID#
Dependent 4						<input type="checkbox"/> M <input type="checkbox"/> F			Name PCP ID#

FOR BROKER USE ONLY:	Name:	SSN/Tax ID #:	CareFirst-Assigned ID#:
Contracted Broker:	Pinion Financial Services LLC	75-306-9661	48E
Sub-Agent/Sub-Agency:	J. Motsco		
Writing Agent:	J. Motsco		

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4. COVERAGE LEVEL

Check one:	PCP/Specialist Copay	Inpatient Hospital	Prescription Drug
<input type="checkbox"/>	\$20/\$30	\$700 per admission	\$150 deductible, \$10/\$25/\$40, \$500 max
<input type="checkbox"/>	\$15/\$25	\$500 per admission	\$100 deductible, \$10/\$25/\$40, \$1,000 max
<input type="checkbox"/>	\$10/\$20	\$250 per admission	\$50 deductible, \$10/\$25/\$40, \$1,000 max

MATERNITY BENEFITS: Check here if you wish to include benefits for maternity services (additional cost). Yes

DENTAL BENEFITS: Check here if you wish to include benefits for dental services (additional cost). Yes

5. OTHER INSURANCE INFORMATION

IF YOU HAVE OTHER INSURANCE, FAILURE TO COMPLETE THIS SECTION WILL CAUSE SIGNIFICANT DELAYS IN PROCESSING ANY CLAIMS SUBMITTED.

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1. Is anyone listed on this application eligible for Medicare? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide the following:
Name of family member(s) _____ Medicare No _____ Effective Date _____ | | |
| 2. Is anyone listed on this application covered by other health insurance, including other Blue Cross and Blue Shield coverage? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide the following:
Name of family member(s) _____ Insurance Company _____
Policy Number and Type _____ Effective Date _____ | | |
| If you are accepted, will your new CareFirst BlueChoice coverage replace your existing policy? <input type="checkbox"/> | | |
| 3. Has anyone listed on this application been without health insurance for the past 12-months or longer? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please list name(s): _____ | | |

6. HEALTH EVALUATION

PLEASE COMPLETE SECTIONS A, B AND C. CHECK EACH ITEM "YES" OR "NO". Answering yes will not necessarily result in the rejection of your application.

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| Have you or any family member named in this application had a physical examination within the past five years? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 6A — If any person included in this application is presently using or has used medication or prescription drugs in the past 5 years, please provide the following information.

Name of Family Member	Illness or Condition	Medication	Date of Last Treatment	How Often Taken	Attending Physician Name and Address

SECTION 6B — To the best of your knowledge or belief, has any person named in this application had within the last five years, or does such person now have, any of the following:

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 1. Cancer, tumor or other growth (malignant or benign)..... <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus Seropositivity (Positive HIV test).... <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Kidney stones, kidney or bladder condition, urinary frequency or burning..... <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Goiter, thyroid condition, diabetes..... <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Seizure disorder, central nervous system disorder, multiple sclerosis..... <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Substance abuse (drug or alcohol dependency, abuse or addiction) <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. HEALTH EVALUATION (Continued)

	YES	NO
7. Use of illicit drugs.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Gall bladder condition, hernia, stomach or intestinal condition, ulcers, hemorrhoids, liver condition	<input type="checkbox"/>	<input type="checkbox"/>
9. Cataract or other eye condition.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Tuberculosis, lung condition, asthma, bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Arthritis, rheumatism, external deformity, amputation(s), back or spinal trouble, limb condition.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Heart condition, abnormal blood pressure (hypertension or hypotension), rheumatic fever, cerebrovascular accident (stroke).....	<input type="checkbox"/>	<input type="checkbox"/>
13. (Female) Irregular or excessive menstrual bleeding, reproductive system disorders, breast condition.....	<input type="checkbox"/>	<input type="checkbox"/>
14. (Female) Is currently pregnant; expected date of delivery: ____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
15. (Male) Prostate condition, reproductive system disorders.....	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you or your spouse/partner have infertility or any disorder related to infertility.....	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you or your spouse/partner received any treatment or diagnostic “work-up” related to infertility.....	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you been told that you have high or elevated cholesterol, lipids or triglycerides.....	<input type="checkbox"/>	<input type="checkbox"/>
19. Outpatient counseling, any psychiatric or psychological counseling, or any nervous or mental disorder.....	<input type="checkbox"/>	<input type="checkbox"/>
20. Sexually transmitted diseases.....	<input type="checkbox"/>	<input type="checkbox"/>
21. Anemia, blood disorders.....	<input type="checkbox"/>	<input type="checkbox"/>
22. Excluding physical examinations, consulted a physician, health care provider, or other individual or facility for medical or surgical treatment, advice, screening for any condition, or prescription medication for a medical condition NOT listed above in items 1-21?.....	<input type="checkbox"/>	<input type="checkbox"/>
23. Had any known departure from good health not previously mentioned in this questionnaire for which treatment or advice may or may not have been sought?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: ALL QUESTIONS MUST BE CHECKED “YES” OR “NO” – Or your application will be returned.

SECTION 6C – If you have checked “YES” to any part of SECTION 6B, for each box checked, please provide complete information regarding diagnosis or condition, treatment (including all medications, hospitalizations, surgeries and diagnostic testing results) and dates. If more space is needed, attach a separate sheet of paper.

NOTE: FAILURE TO DISCLOSE CONDITIONS MAY RESULT IN VOIDING OF MEMBERSHIP AND DENIAL OF BENEFITS.

Patient’s Name	Question Number	Diagnosis or Condition	Duration Dates	Explain treatment including all medications, hospitalizations, surgery and diagnostic test results and physician’s/hospital’s name.	Recovery (Check only one box)
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
			FROM: TO:		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL

7. CONDITIONS OF ENROLLMENT — Please Read This Section Carefully

IT IS UNDERSTOOD AND AGREED THAT:

A copy of this application is available to the Subscriber (or to a person authorized to act on his/her behalf) upon request, from CareFirst BlueChoice, Inc. (CareFirst BlueChoice).

This information is subject to verification. To do so I authorize any physician, hospital, pharmacy, pharmacy benefit manager or pharmacy related service organizations or any other medical or medically-related person or company to release my “Medical Information” to CareFirst BlueChoice, Inc. (CareFirst BlueChoice) or CareFirst BlueChoice’s vendors or representatives. I further authorize any vendor who receives “Medical Information” from any physician, hospital, pharmacy, pharmacy benefit manager or pharmacy related service organizations or any other medical or medically-related person or company to release my “Medical Information” to CareFirst BlueChoice. I understand that my Medical Information consists of any diagnoses, treatment, prescriptions from a pharmacy, or any other medically related information about me. I authorize CareFirst BlueChoice to use my Medical Information for underwriting and to determine my eligibility for insurance benefits. I understand this authorization will remain in effect for one year from the date signed.

I understand that I have the right to cancel this authorization at any time, in writing, except to the extent that CareFirst BlueChoice has already taken action in reliance on this authorization. I also understand that CareFirst BlueChoice’s Notice of Privacy Practices includes information pertaining to authorizations and to requirements of revocation. A copy of the Notice may be obtained by contacting the CareFirst BlueChoice’s Privacy Office. CareFirst BlueChoice will not use or disclose the Medical Information for any purposes other than those listed above except as may be required by law. CareFirst BlueChoice is required to tell you by law that information disclosed pursuant to this authorization may be subject to re-disclosure and that under some limited circumstances will no longer be protected by federal privacy regulations.

If CareFirst BlueChoice determines that additional information is needed, I will receive an authorization to release that information. Failure to execute an authorization may result in the denial of my application for coverage. Additionally I understand that failure to complete any section of this application, including signing below, may delay the processing of my application.

To the best of my knowledge and belief, all statements made on this application are complete, true and correctly recorded. They are representations that are made to induce the issuance of, and form part of the consideration for a CareFirst BlueChoice policy. I understand that a medically underwritten policy is only issued under the conditions that the health of all persons named on the application remains as stated above. I also understand that failure to enter accurate, complete and updated medical information may result in the denial of all benefits, cancellation or voiding of my policy.

I will update CareFirst BlueChoice if there have been any changes in health concerning any person listed in this application that occur prior to acceptance of this application by CareFirst BlueChoice.

IF YOU HAVE ANY QUESTIONS CONCERNING THE BENEFITS AND SERVICES THAT ARE PROVIDED BY OR EXCLUDED UNDER THIS AGREEMENT, PLEASE CONTACT A MEMBERSHIP SERVICES REPRESENTATIVE BEFORE SIGNING THIS APPLICATION.

An applicant or dependent whose Application is denied by CareFirst BlueChoice due to medical underwriting may not submit a subsequent Application for enrollment within ninety (90) days of the denial.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Signature of Applicant 1:* X _____ Date: _____

Signature of Applicant 2: X _____ Date: _____
(Spouse/Partner)

* Rates are based on the age of the Subscriber (oldest applicant).

NOTE: Applications submitted solely on behalf of applicants under the age of 18, where payment of premium is made by the parent or legal guardian, must be signed by the parent or legal guardian.

Parent or Legal Guardian’s Signature: X _____ Date: _____

FOR OFFICE USE ONLY:

Re-sign and re-date below only if box is checked.

Signature of Applicant 1: X _____ Date: _____

Signature of Applicant 2: X _____ Date: _____
(Spouse/Partner)

CareFirst  
BlueChoice.



DISTRICT OF COLUMBIA
HMO OPTION

CHOICES

When Buying Health Care Coverage
is up to You

CAREFIRST BLUECHOICE:

Coordinated care and
predictable copays to protect
you and your family.

Questions? Call 1-877-634-1256

BLUECHOICE

When Buying Health Care Coverage *is up to You*

What is it about CareFirst BlueChoice Inc. (CareFirst BlueChoice), that makes this health plan different? CareFirst BlueChoice is about offering health care coverage that meets your needs and budget. CareFirst BlueChoice is about providing you with more choices. Designed for today's health conscious and busy families, CareFirst BlueChoice offers one less thing to worry about during your hectic day. Better still, it's easy to apply for and use. As a member of CareFirst BlueChoice, you'll receive health care services from a regional network of physicians, specialists and hospitals, and receive a wide range of benefits including preventive care and health education, routine services, outpatient surgery, pediatric care, gynecological care and much more. And, with CareFirst BlueChoice you don't have to work for a company or be a member of a group. Take a look at the choices CareFirst BlueChoice can offer.

BlueChoice offers you:

- **Three Different Options** in health care coverage, so you choose the plan to fit your budget.
- **A Preventive Care Package** to keep you healthy, including well child care, immunizations, annual routine examinations, mammograms, PAP tests and prostate screenings.
- **Predictable Copays** for primary care and specialist office visits, and emergency room care, so that you don't need to worry whether or not you can afford to obtain care.
- **365 Days of Hospitalization** for one facility copay per admission, then inpatient medical and surgical services are covered in full.
- **Access** to a regional network of participating doctors and hospitals throughout Maryland, the District of Columbia and Northern Virginia. You can visit doctors where you live and work. It's up to you.
- **Prescription Drug** coverage for predictable copays once you meet your deductible.
- **Easy to Use** benefits, with minimal paperwork.
- **Around the Clock Advice** with a 24-hour per day, 7-day a week health care advice line, FirstHelp™, staffed by registered nurses.
- **Vision Care** benefits and special savings.
- **Optional** dental benefits.
- **Emergency & Urgent Care** wherever you go.
- **Guest Membership** in a local Blue Cross Blue Shield Plan HMO if you or your dependents are away from home at least 90 days. Perfect for extended out-of-town business or travel, semesters at school or families living apart.

Your Primary Care Physician and You—Choose Your Health Care Team

Here's that word again: Choice. You and your family members can each choose a Primary Care Physician (PCP) from the CareFirst BlueChoice regional network to coordinate all of your health care needs. Your PCP oversees your routine and preventive care, administers your prescriptions, becomes familiar with your medical history and works closely with you to help make your medical decisions. When specialized care is needed, your PCP will recommend a specialist within the CareFirst BlueChoice network.

Women have direct access to participating GYNs for covered services. This means that it is not necessary to seek a referral prior to seeing these specialists.

How do I choose a PCP?

Refer to the enclosed provider directory. For the most up-to-date listing, the CareFirst BlueChoice provider directory is available and updated every 15 days on the web at www.carefirst.com. You may also call your provider to see if he or she participates.

Your provider network includes PCPs and specialists throughout the State of Maryland, DC and Northern Virginia—to make it more convenient to see a doctor whether you are at work or home.

Our Commitment to Preventive Care

BlueChoice aims to keep you healthy—emphasizing prevention, early detection and early treatment. That's one of the main advantages of your coverage. We work with you to help prevent illness. We do this by offering you annual routine examinations and office visits. We encourage you to seek care when it is first needed, rather than waiting.

■ Well-Child Care

BlueChoice aims to start your children on the road to good health with coverage for all childhood immunizations and check-ups. We believe in giving your baby a healthy start, and want to encourage parents to take advantage of this most important service.

■ Women's Health / Men's Health

In addition, BlueChoice provides women's health coverage, such as routine mammograms and PAP tests and men's health coverage, which includes routine prostate screenings—all for just a predictable office copayment.

Emergency Care—When you Need it Most

Each BlueChoice physician has 24-hour coverage with doctors on call so that you are never out of reach of your PCP. If the condition is serious, but not life threatening, your doctor will give you instructions on what to do next.

What If I Need to be Hospitalized?

Don't worry. If you receive care through your PCP, you are covered. We'll take care of you with hospitalization including all physician charges for covered services, for one facility copay per admission.

No Hassle Billing

CareFirst BlueChoice offers very few out-of-pocket costs. You pay no deductible and just a predictable, per-visit, copayment. In addition, CareFirst BlueChoice provides direct reimbursement to your doctor, which means no hassles and no claims to file.

A 24-hour per day, 7-day a week medical advice service is available to BlueChoice members. It is staffed by registered nurses who can answer your health care questions and help guide you to the most appropriate care.

BLUECHOICE

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District of Columbia Medically Underwritten BlueChoice Options

Benefits At A Glance

Services	\$20/\$30 Option	\$15/\$25 Option	\$10/\$20 Option
General Information			
Member Deductible	\$0	\$0	\$0
Out-of-Pocket Maximum			
■ Individual	\$3,600	\$3,000	\$2,000
■ Individual & Child(ren)* / Individual & Adult**	\$7,200	\$6,000	\$4,000
■ Family	\$11,000	\$9,000	\$6,000
Lifetime Maximum	No lifetime maximum	No lifetime maximum	No lifetime maximum
Preventive Services and Office Visits			
Well Child - Exams & Immunizations through age 17	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Adult Routine Preventive Health	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Routine Gynecological Visits (No charge for Pap Smear)	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Prostate Screening Visits (No charge for PSA test)	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Mammography Screening Visits	No copay	No copay	No copay
Allergy Testing and Treatment	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Annual Routine Eye Exam -at designated Davis Vision provider (optometrists or ophthalmologists)	\$10	\$10	\$10
Hearing Screening	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Outpatient Medical and Surgical Services			
Physician Office Visit for Illness	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Rehabilitative Services (Physical, Occupational and Speech Therapy) 30 visits each per calendar year	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Surgical Services-Professional	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
Surgical Services-Hospital or Other Facility	\$50 facility copayment plus \$20 PCP/ \$30 Specialist copay (if applicable)	\$50 facility copayment plus \$15 PCP/ \$25 Specialist copay (if applicable)	\$50 facility copayment plus \$10 PCP/ \$20 Specialist copay (if applicable)
Diagnostic Procedures	\$20 PCP/\$30 Specialist	\$15 PCP/\$25 Specialist	\$10 PCP/\$20 Specialist
X-Rays and Lab Tests	No copay	No copay	No copay
Inpatient Hospital Services			
365 Days Room and Board (Semi-Private Room)	\$700 facility copay per admission	\$500 facility copay per admission	\$250 facility copay per admission
Medical and Surgical Services	No copay	No copay	No copay
Prescription Drugs (Inpatient)	No copay	No copay	No copay
Emergency or Urgent Care			
Plan-Affiliated Urgent Care Facility	\$30	\$25	\$20
Hospital Emergency Room or Non-Plan Facility (Waived if Admitted)	\$50	\$50	\$50
Ambulance (When Medically Necessary)	No copay	No copay	No copay

*"Child" means your unmarried, eligible child up to age 23. Eligibility requirements are defined in the BlueChoice 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 in the BlueChoice contract. The subscriber and domestic partner may not share a blood or familial relationship, and must have shared a common legal residence continuously for at least six (6) months prior to applying for coverage.

District of Columbia Medically Underwritten BlueChoice Options

Prescription Drug Benefits At A Glance

Services	\$20/\$30 Option	\$15/\$25 Option	\$10/\$20 Option
■ Annual Deductible	\$150	\$100	\$50
■ Generic copay	\$10	\$10	\$10
■ Preferred Brand copay	\$25	\$25	\$25
■ Non-Preferred Brand copay	\$40	\$40	\$40
■ Annual Drug benefit maximum	\$500	\$1,000	\$1,000

Optional Maternity Coverage

You may also choose to add maternity coverage to your policy (for yourself or your covered spouse). For an additional \$126 a month, you will receive coverage for pre- and postnatal care as well as covered services associated with the delivery. Maternity may only be added at the time of the initial enrollment of a female applicant. Female applicants will not be able to add maternity coverage at any time subsequent to the initial enrollment in BlueChoice.

Maternity Services			
Prenatal and Postnatal Care			
PCP	\$20 per visit (up to \$200 per pregnancy)	\$15 per visit (up to \$150 per pregnancy)	\$10 per visit (up to \$100 per pregnancy)
Specialist	\$30 per visit (up to \$300 per pregnancy)	\$25 per visit (up to \$250 per pregnancy)	\$20 per visit (up to \$200 per pregnancy)
Inpatient Hospital Facility	\$700 facility copay per admission	\$500 facility copay per admission	\$250 facility copay per admission
Delivery	No copay	No copay	No copay
Birthing Center	\$30 per visit	\$25 per visit	\$20 per visit
Nursery Care	No copay	No copay	No copay

Optional Dental Benefits

As a member of BlueChoice, you have the option of adding dental coverage to your plan. These benefits are underwritten and administered by The Dental Network* (TDN), a managed dental care plan. In order to receive dental benefits you must choose a participating dentist from the enclosed Provider Directory. If you visit a dentist outside of the TDN Network, your services will not be covered. Once you join, you'll have access to routine preventive care whenever you need it. There's very little paperwork and no claim forms to file. You must select the same type of coverage (Individual, Individual and Child(ren), Individual and Adult or Family) as the medical portion of your BlueChoice plan. If you have specific questions, or wish to inquire about dental providers in your area, call TDN at **410-847-9060** or toll-free at **1-888-833-8464**.

With dental coverage, you'll receive benefits for the following services, and more...

Service	You Pay
Basic Dental Services Includes all exams, cleaning, x-rays, simple extraction, etc.	\$20 Copay per visit
Soft Tissue Management Includes all periodontal scaling and root planing, etc.	\$70 Copay per visit
Orthodontics Comprehensive – Adult	\$2,700
Comprehensive – Child	\$2,500

* The Dental Network is an independent licensee of the Blue Cross and Blue Shield Association.

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Vision Care Services

BlueChoice 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.

Options Discount Program – Discounts on Alternative Therapies

The advantages of carrying the CareFirst BlueChoice card go beyond the benefits listed in the enclosed benefits chart. The card entitles you to discounts on alternative therapies and health and wellness programs such as chiropractic, acupuncture, massage, yoga, Pilates, tai chi, qi gong, guided imagery, nutritional counseling, and fitness centers. Additionally, the program offers discounts on Weight Watchers® Online, Jenny Craig®, mail order contacts, laser vision correction, cosmetic dentistry, hearing aids, and eldercare referrals.



Since this program is in addition to your medical plan, rather than a benefit, there are no claim forms, referrals or paperwork to complete. We see this as a way for our members to tap into health and wellness practitioners at discounted rates. To find out more, visit our website

BlueCard® Program— *Taking Your Benefits With You When You Travel*

Getting access to emergency or urgent care while out of town is as easy as presenting your CareFirst BlueChoice identification card. Healthcare providers, hospitals and urgent-care facilities who participate with the local Blue Cross Blue Shield plan—wherever you are—will recognize and honor your card. Need help finding a healthcare provider? Just call the *BlueCard*® phone number listed on your ID card for personal assistance.

In addition, Guest Membership enrollment is available in a local Blue Cross Blue Shield Plan HMO for members and dependents away from home for at least 90 days. This special plan provides coverage for non-emergency services and is perfect for extended out-of-town business or travel, semesters at school or families living apart.

Frequently Asked Questions

Q: What is a PCP?

A: As a CareFirst BlueChoice member you are required to select a Primary Care Physician (PCP) from the CareFirst BlueChoice provider network. A PCP will serve as your regular doctor, managing your care and working with you to make the most of the medical decisions about your care as a patient. In most cases you will need to obtain a referral from your PCP to visit a specialist and have the care covered under your BlueChoice plan.

Q: Where can I find a provider directory?

A: A copy of the CareFirst BlueChoice provider directory is enclosed in this packet. For the most up-to-date listing, the provider directory is available and updated every 15 days, on our website at

Q: What types of health costs should I expect?

A: In addition to your monthly premium, CareFirst BlueChoice requires you to pay a predictable copay each time you receive care, provided that you receive that care from your PCP or a referred specialist.

Q: When does coverage begin?

A: Coverage begins the first day of the month following the date your application is approved!

Q: What about waiting periods?

A: There are no waiting periods for pre-existing conditions.*

Q: How will I be billed?

A: You will be billed your premium on a monthly basis. The monthly premium can be paid by check or money order.

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 BlueChoice carefully reviews the answers you provided 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 4-6 weeks.

**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).*

Health Information on the Internet

Visit CareFirst BlueChoice at www.carefirst.com for your own on-line interactive guide to health topics. Called *My Care First*, this site offers information on nutrition, fitness, chronic illnesses, mental health and much more. You'll also find support if you're trying to lose weight, manage stress, manage blood pressure or are new parents. *My Care First* covers the latest developments in medicine and health. Check it out to learn how you can maintain a healthier lifestyle.



BLUECHOICE

When Buying Health Care Coverage *is up to You*

How to Choose the BlueChoice Option that is Best for You

To be eligible for BlueChoice coverage, each family member applying for coverage must be a resident of the District of Columbia and complete a medical questionnaire*. Your monthly premium is based on the oldest person in the family applying for coverage. The oldest person must be the policyholder.

1) Choose what type of coverage you need:

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

2) Choose the BlueChoice plan that best fits your needs.

- Our \$20/\$30 option—you pay a higher copayment for office visits but pay a lower monthly premium.
- Our \$10/\$20 option—you pay a lower copayment—as low as \$10 per office visit—but pay a higher—monthly premium.
- Our \$15/\$25 option—you pay a mid-range copayment and a mid-range premium.

By offering you a choice of three plans, BlueChoice is working to make quality health care coverage more affordable for individuals who buy their own health insurance.

3) Complete and send your application today! Or call our Product Specialists toll free at 1-877-634-1256 or call your insurance broker with any questions

We'll begin processing your application right away! The review process typically takes about four to six weeks. If medical records are not required, approvals will usually only take 10 days. Once you have submitted your application, you can call the Application Status Hotline toll free at 1-877-634-1256 for a status report on your application. Your coverage will become effective the first of the month, following the month in which we approve your application. We'll send you your identification cards and everything else you need to take full advantage of your BlueChoice coverage.

*"Child" means your unmarried, *eligible* child up to age 23. Eligibility requirements are defined in the BlueChoice 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 in the BlueChoice contract. The subscriber and domestic partner may not share a blood or familial relationship, and must have shared a common legal residence continuously for at least six (6) months prior to applying for coverage.

If you have questions about eligibility, please call our Product Specialists at 1-877-634-1256

Additional Coverage Options

Our Product Specialists can provide information regarding a variety of other insurance programs offered by CareFirst BlueCross BlueShield*, to meet your individual needs, including:

BluePreferred* & BluePreferred-Saver* and Blue Preferred HSA**

A Preferred Provider Organization (PPO) offering freedom of provider choice with a variety of options including high-deductible and health savings account-compatible plans to lower your premiums.

Supplement-65**

Traditional coverage to supplement your Medicare policy. For more information on this plan, please call our Product Specialists toll-free at

HIPAA Coverage

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.

Other Available Coverage:

CareFirst BlueChoice-Saver and BlueChoice HSA****

A flexible HMO plan, including lower-premiums and health savings account-compatible plans.

* CareFirst BlueCross BlueShield is the business name of CareFirst of Maryland, Inc. and 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.

** Medical questionnaire must be completed.

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:
DC/CC/UW-EOC (3/01) • DC/CC/Plan A Schedule (3/01) • DC/CC/Plan C Schedule (3/01) • DC/CC/Ind Drug (3/01)
DC/BC/DHMO RIDER (7/03) • DC/BC/DHMO SCHBEN 20 CP (7/03) as amended



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