

Individual Personal Comp Application

(Maryland Residents)



OFFICE USE ONLY:

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

10455 Mill Run Circle
Owings Mills, Maryland 21117

INSTRUCTIONS

- Please fill out all applicable spaces on this application. Print or type all information.
- 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 Policyholder)

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"/> Partner	Height Weight
Home Phone ()	Work Phone ()	E-mail Address	

2. COVERAGE SELECTION: (Check one)

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

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

Last Name	First Name	M.I.	Relationship	Social Security #	Date of Birth (Mo/Day/Yr)	SEX	HEIGHT (in.)	WEIGHT (lbs.)
Spouse/Partner						<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent 1						<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent 2						<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent 3						<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent 4						<input type="checkbox"/> M <input type="checkbox"/> F		
Dependent 5						<input type="checkbox"/> M <input type="checkbox"/> F		

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		

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.

4. COVERAGE LEVEL DESIRED

IMPORTANT HEALTH SAVINGS ACCOUNT-COMPATIBLE COVERAGE INFORMATION: For purposes of deductible and out-of-pocket limit amounts, any coverage level selection which is not Individual is considered to be Family. The Family category includes Individual and Child, Individual and Adult, and Family. If the Policy category is Family, there is no individual annual deductible or individual out-of-pocket limit. If the coverage level selection is Family, only when the Family aggregate deductible is reached by one or more members of the Family will no further deductible amounts be charged for the remainder of the calendar year. The Family deductible must be reached before CareFirst BlueCross BlueShield pays benefits for any member in a Family Policy category.

If the coverage level selection is Family, only when the Family aggregate out-of-pocket amount is reached by one or more members of the Family will no further deductible or coinsurance amounts be charged for the remainder of the calendar year. Once the out-of-pocket limit is reached, members in a family category will no longer be responsible for deductible and coinsurance amounts for that calendar year.

Individual Deductible	Coverage Level	Coinsurance	Individual Out-of-Pocket Limit (except where marked)
<input type="checkbox"/> \$100	80%	20%	\$1,000
<input type="checkbox"/> \$200	80%	20%	\$2,000
<input type="checkbox"/> \$400	75%	25%	\$2,000
<input type="checkbox"/> \$500	80%	20%	\$2,000
<input type="checkbox"/> \$800	75%	25%	\$2,000
<input type="checkbox"/> \$1,000	80%	20%	\$2,500
<input type="checkbox"/> \$1,700*	80%	20%	\$4,000 (Individual)/ \$8,000 (Family)
<input type="checkbox"/> \$2,500*	100%	0%	\$2,500 (Individual)/ \$5,000 (Family)
<input type="checkbox"/> \$2,500	80%	20%	\$4,000
<input type="checkbox"/> \$5,000	80%	20%	\$6,000
<input type="checkbox"/> \$10,000	80%	20%	\$10,000

*Health Savings Account - Compatible Plans. Please refer to Information above regarding the Out-of-Pocket Maximums.

VISION BENEFITS: Check if you wish to include benefits for vision 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? YES NO

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? YES NO

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 BlueCross BlueShield coverage replace your existing policy? YES NO

3. Has anyone listed on this application been without health insurance for the past 12-months or longer? YES NO

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? YES NO

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

6. HEALTH EVALUATION (Continued)

SECTION 6B – To the best of your knowledge and 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"/>
2. Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus Seropositivity (Positive HIV test)	<input type="checkbox"/>	<input type="checkbox"/>
3. Kidney stones, kidney or bladder condition, urinary frequency or burning	<input type="checkbox"/>	<input type="checkbox"/>
4. Goiter, thyroid condition, diabetes	<input type="checkbox"/>	<input type="checkbox"/>
5. Seizure disorder, central nervous system disorder, multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
6. Substance abuse (drug or alcohol dependency, abuse or addiction)	<input type="checkbox"/>	<input type="checkbox"/>
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 known infertility or any known 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 First 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 Policyholder (or to a person authorized to act on his/her behalf) upon request, from CareFirst BlueCross BlueShield (CareFirst).

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 of Maryland, Inc. doing business as CareFirst BlueCross BlueShield (CareFirst) or CareFirst'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. 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 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 has already taken action in reliance on this authorization. I also understand that CareFirst'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 Privacy Office. CareFirst will not use or disclose the Medical Information for any purposes other than those listed above except as may be required by law. CareFirst 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 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 the CareFirst 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 if there have been any changes in health concerning any person listed in this application that occurs prior to acceptance of this application by CareFirst.

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 due to medical underwriting may not submit a subsequent Application for enrollment within ninety (90) days of the denial.

WARNING: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signature of Applicant 1:* X _____ Date: _____

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

* Rates are based on the age of the Policyholder (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)



More to feel good about.SM



Personal Comp Plan

Maryland

Questions?...call 1-877-634-1256

Why You Should Choose a Personal Comp Plan from CareFirst BlueCross BlueShield

For the cost of many of the things you buy each day, you can have security and peace of mind with health coverage from CareFirst BlueCross BlueShield (CareFirst).

Personal Comp makes health care coverage more affordable by letting you decide how much of the plan's cost you want to share through deductibles and coinsurance. The higher the deductible you choose, the lower your premium rate. Your out-of-pocket maximum includes everything you pay toward your deductible and coinsurance payments. Refer to the chart on page 2 to make your selection.

We also offer HSA-compatible Personal Comp plans with high-deductible levels which keep your monthly premium costs to a minimum. Both plans meet the federal requirements necessary to set up a Health Savings Account. Better yet, these deductible plan options can be purchased even if you do not want to set up a Health Savings Account. The flexibility is yours.

Make sure you're covered by an organization you can trust. A company that has been there for your neighbors, coworkers and friends. And one that will be there for you — CareFirst BlueCross BlueShield. We're the company offering you *more to feel good about*.

Personal Comp Offers

- **Maximum flexibility** — eleven benefit options to choose — so you can find a plan that’s right for you!
- **Tax Savings Eligibility** — two high-deductible plans that are eligible for a Health Savings Account option.
- **Freedom to choose any doctor or hospital** — no referrals to delay your visit to a specialist — just make the appointment.
- **A Preventive Care package** that saves you money with predictable \$10 or \$30 copays for preventive services — and no deductible to meet!
- **Major Medical coverage** with up to \$1,000,000 policy maximum for Personal Comp plans, and a \$3,000,000 policy maximum for Health Savings Account-compatible plans — to protect you against the high cost of a lengthy illness.
- **Easy access to your benefits with BlueCard® Program** — your direct link to health care services nationwide.
- **Security of knowing that you’re protected** by the state’s leading health care insurer protecting individuals who buy their own insurance.

Maximum Options Per Individual		
1. Your Deductible	2. You Pay	3. Your Out-of-Pocket Maximum
\$100	20%	\$1,000
\$200	20%	\$2,000
\$400	25%	\$2,000
\$500	20%	\$2,000
\$800	25%	\$2,000
\$1,000	20%	\$2,500
\$2,500	20%	\$4,000
\$5,000	20%	\$6,000
\$10,000	20%	\$10,000
\$1,700*	20%	\$4,000
\$2,500*	0%	\$2,500

*Health Savings Account-Compatible Plans

A Health Plan That You Design

As a member of the Personal Comp plan, you can design a personal health care program that's right for you — and your budget.

- You select your deductible and benefit options. Generally, the higher your deductible the lower your premium. Plus, your deductible is applied to your out-of-pocket maximum. All this can limit the amount of money you spend on your healthcare.
- Preventive care is included for \$10 per visit with no deductible to meet. (Health Savings Account-compatible plans preventive care visits are \$30.)
- Families never pay more than twice the individual deductible even if there are more than two family members on the policy.
- Child-only coverage available for ages 1-17 for less than it costs to cover an adult that includes the same benefits.
- You have the freedom to choose your own doctors and hospitals. Carry the card that's recognized and accepted across Maryland and throughout the United States.
- Add vision and/or dental benefits to make your Personal Comp coverage even more valuable.

How the Plan Works

Personal Comp Plan Options

1. You pay the deductible.
(No deductible required for preventive care)
2. Personal Comp pays 75% or 80% of the Allowed Benefit, after you meet the deductible, and you pay 25% or 20% up to your out-of-pocket maximum per year.
3. After you meet your out-of-pocket maximum, Personal Comp pays 100% of the Allowed Benefit for covered services for the rest of the year.

Selected Personal Comp Benefits At-a-Glance

Benefit	Covered	You Pay	
		80%/20% Plan	75%/25% Plan
Individual deductible options		\$100, \$200, \$500, \$1,000, \$2,500, \$5,000, \$10,000	\$400, \$800
Well-child care (up to age 18)	✓	\$10	\$10
Adult preventive physical exams	✓	\$10	\$10
OB/GYN preventive care	✓	\$10	\$10
Cancer screening visits (no charge for mammograms, pap tests and PSAs)	✓	\$10	\$10
Three lifetime EKGs (For members over 50 and if done during routine adult physical exam)	✓	\$10	\$10
Once you meet out-of-pocket maximum	✓	\$0	\$0
Physician office visits	✓	20% (after deductible)	25% (after deductible)
365 days hospitalization	✓	20% (after deductible)	25% (after deductible)
Emergency accident care (\$300 Allowed Benefit up front when treatment begins within 72 hours and if deductible is \$1,500 or less)	✓	20% (after deductible)	25% (after deductible)
Inpatient physician services	✓	20% (after deductible)	25% (after deductible)
Inpatient/Outpatient surgery	✓	20% (after deductible)	25% (after deductible)
Maternity* and Prenatal care	✓	20% (after deductible)	25% (after deductible)
Diagnostic Tests and X-rays	✓	20% (after deductible)	25% (after deductible)
Physical Therapy/Chiropractic services (up to 50 visits per year)	✓	20% (after deductible)	25% (after deductible)
Prescription coverage (\$500 annual benefit limit per person)	✓	20% (after deductible)	25% (after deductible)

If you receive care from a provider that does not participate with CareFirst, you may be billed for the amount that is above the Allowed Benefit.

** Please Note: Services rendered for maternity care in the Personal Comp plan is subject to the pre-existing condition waiting period only if the pregnancy existed before the effective date of the policy. If the pregnancy occurs after the effective date, then CareFirst BlueCross BlueShield will begin covering maternity and related services immediately.*

Personal Comp HSA

Now lower your health insurance premiums and save on taxes!

CareFirst is pleased to offer enhanced health insurance benefits, designed exclusively for individuals like yourself. Personal Comp now provides two high deductible options that feature higher lifetime maximums, increased prescription coverage, and eligibility for a valuable Health Savings Account option.

What Is A Health Savings Account?

Personal Comp HSA plans are designed to work along with a Health Savings Account offered by an independent banking institution. A Health Savings Account is almost like an individual retirement account (IRA) for health expenses.

Key benefits:

- Tax-exempt savings.
- Portable account contributions roll over from year-to-year.
- Access to funds, even for non-medical reasons (penalty may apply).
- Usually lower insurance premiums.

How the Plan Works
HEALTH SAVINGS ACCOUNT-COMPATIBLE PLAN OPTIONS
1. You pay the deductible. (No deductible required for preventive care) <i>Please note that any Policy which is not Individual is considered to be Family. This includes Individual & Child, Individual and Adult, and Family.</i> <i>If you select 'Family' coverage, then you must satisfy the entire deductible of \$3,400 or \$5,000, depending on which plan you choose, to receive benefits. One member of the family can meet either the \$3,400 or \$5,000 deductible for the whole family to receive benefits. Or multiple family members may contribute to the total of \$3,400 or \$5,000. No individual deductible amount applies if 'Family' coverage is selected.</i>
2. Personal Comp pays 80% or 100% of the Allowed Benefit, and you pay 20% or 0% up to your out-of-pocket maximum.
3. After you meet your out-of-pocket maximum, Personal Comp pays 100% of the Allowed Benefit for covered services for the rest of the year.
4. No Deductible Carryover.

Personal Comp HSA Benefits At-a-Glance

Benefit	Covered	Covered	
		80%/20% Plan	100%/0% Plan
Deductibles		\$1,700	\$2,500
Well-child care (up to age 18)	✓	\$30	\$30
Adult preventive physical exams	✓	\$30	\$30
OB/GYN preventive care	✓	\$30	\$30
Cancer screening visits (no charge for mammograms, pap tests and PSAs)	✓	\$30	\$30
Three lifetime EKGs (For members over 50 and if done during routine adult physical exam)	✓	\$30	\$30
Once you meet out-of-pocket maximum	✓	\$0	\$0
Physician office visits	✓	20% (after deductible)	0% (after deductible)
365 days hospitalization	✓	20% (after deductible)	0% (after deductible)
Emergency accident care	✓	20% (after deductible)	0% (after deductible)
Inpatient physician services	✓	20% (after deductible)	0% (after deductible)
Inpatient/Outpatient surgery	✓	20% (after deductible)	0% (after deductible)
Maternity* and Prenatal care	✓	20% (after deductible)	0% (after deductible)
Diagnostic Tests and X-rays	✓	20% (after deductible)	0% (after deductible)
Physical Therapy/Chiropractic services (up to 50 visits per year)	✓	20% (after deductible)	0% (after deductible)
Prescription coverage	✓	20% (after deductible) (\$1,000 Annual Benefit limit per person)	0% (after deductible) (\$2,000 Annual Benefit limit per person)

*** Please Note:** Services rendered for maternity care in the Personal Comp HSA plan is subject to the pre-existing condition waiting period only if the pregnancy existed before the effective date of the policy. If the pregnancy occurs after the effective date, then CareFirst BlueCross BlueShield will begin covering maternity and related services immediately.

Personal Comp Dental/Vision Options

As a member of the Personal Comp Plan you have the option of adding vision with dental coverage to your plan.



DENTAL

As a CareFirst member, you have the option of adding dental coverage to your medical plan, making it even more valuable. When you select dental, you get coverage for:

- Preventive care.
- X-rays.
- Orthodontics.
- Cleanings.
- Fillings.
- And much more!

If requested, a dental information kit will be sent to you separately. You cannot be turned down for this product. If you have questions regarding dental coverage or wish to inquire about participating providers, please contact a product specialist at 1-877-634-1256.

VISION

Additionally, you have the option of adding eye care benefits to your medical plan through our network administrator, Davis Vision, Inc. Benefits include annual eye examinations at participating providers for a \$10 copay at the time of service and discounts of approximately 30% on eyeglass frames and lenses or contact lenses. For medical eye care please follow your normal medical procedures.

Your vision benefits are not available until you are approved for medical coverage. Once you have been approved for coverage, you will be provided with more specific information about your vision program. To qualify for benefits, you must select the same type of coverage as the medical portion of your plan. To apply for vision coverage simply check “Yes” next to Vision Benefits on the application. The cost is as follows:

To locate a vision provider, contact Davis Vision, Inc. at (800) 783-5602

Type of Coverage	Vision
Individual	\$2.00
Individual & Child	\$4.00
Individual & Adult	\$4.00
Family	\$5.00

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 develops drug utilization programs to encourage 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

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.
- ◆ Rehabilitation.
- ◆ Cancer.
- ◆ Special needs.

When You Need Care (continued)

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, seven 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. Personal Comp 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.

BlueCard[®] Program

Taking Your Benefits With You When You Travel

With Personal Comp, getting access to emergency or urgent care while out of town is as easy as presenting your identification card. Providers, hospitals and urgent-care facilities who participate with the local Blue Cross and Blue Shield Plan – wherever you are in the United States - will recognize and honor your card. Need help finding a provider? Just call the *BlueCard*[®] phone number listed on your ID card for personal assistance.

In addition, “Away From Home Care” membership is available in an affiliated Blue Cross and Blue Shield 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.

FirstHelp[™] Nurse Line

Members of Personal Comp who are sick, injured, or have medical questions can get quick help with just a toll-free phone call. The FirstHelp[®] Nurse Line is staffed by registered nurses and is available 24-hours a day, 7 days a week. FirstHelp[®] nurses will discuss your symptoms and concerns, then help you to decide whether to contact your doctor, seek urgent care, or go to the emergency room.

Frequently Asked Questions

Q: Can I choose my own physician?

A: Yes. You have freedom to select any doctor or hospital. Your membership provides discounts on physician and hospital care from Participating Providers. To view a listing of CareFirst Participating Providers who automatically file claims for you and cannot balance bill you, please visit us on the web [here](#). (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: Personal Comp requires you to first pay your deductible before the insurance will pay. Once the deductible is met, you will pay a coinsurance, a percentage of the total cost, for most visits and procedures. (**Please note:** Some Personal Comp preventive care benefits are covered even before you meet your deductible.)

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

A: As a member of Personal Comp you have the option to visit doctors who do not participate with CareFirst. In addition to your coinsurance, you are also responsible for any additional 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. Since CareFirst has one of the largest networks in the region it is likely that your doctor is already a participant.

Q: Is preventive care covered?

A: Yes. Personal Comp coverage includes a special package of preventive care benefits for only \$10 (\$30 for HSA-compatible plans) per doctor visit — and you don’t have to meet your deductible first.

Q: When does coverage begin?

A: Coverage begins the day your application is approved! If you selected an optional dental or vision plan, that coverage will begin the first day of the month following the date your application is approved.

Q: What about waiting periods?

A: There is a ten-month waiting period for pre-existing conditions. Services rendered for maternity care are subject to the pre-existing condition waiting period only if the pregnancy existed before the effective date of the policy. If the pregnancy occurs after the effective date, then CareFirst will begin covering maternity and related services immediately.

Q: Can I be billed on a monthly basis instead of quarterly?

A: Yes, just choose EasyPay. Our EasyPay service will automatically withdraw your monthly premium from your checking account or charge it monthly to your Visa® or MasterCard®. (You will still receive a first bill for the first quarter of coverage.) Refer to the enclosed EasyPay brochure to enroll.

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. 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.

Q: If I enroll in an HSA-compatible plan, am I required to open a Health Savings Account?

A: No. Opening a Health Savings Account is an optional, tax-savings benefit.

Q: How can I learn more about Health Savings Accounts?

A: Contacting your bank or speaking with your tax advisor is a good place to start. For additional information you can also log on to www.my-healthsavingsaccount.com.

Q: Where can I open a Health Savings Account?

A: The Personal Comp HSA-compatible plans are designed to work along with a health savings account. CareFirst has made it easy for you to open a health savings account by partnering with The Bancorp Bank. The Bancorp Bank offers Personal Comp HSA members a range of financial investment options once the account balance reaches \$2,500. You'll also earn a competitive interest rate and be provided with a Bancorp-issued CareFirst Visa® check card and checks to make accessing your money easy. To sign up for an account with The Bancorp Bank, please logon to www.my-healthsavingsaccount.com or call toll-free at (866) 435-1373.

Coverage Available from CareFirst BlueCross BlueShield

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

Other Coverage Options:

- **CareFirst BlueChoice*, BlueChoice-Saver* and BlueChoice HSA***
Flexible HMO plans, *offered by CareFirst BlueChoice, Inc.* including lower-premium and health savings account-compatible plans.
- **BlueRx**
Prescription Drug Coverage to supplement your Medicare and MediGap-65 policy. For more information about this plan call our Medi-CareFirst BlueCross BlueShield Product Specialists
- **Temporary Medical Coverage**
For those between jobs, just graduated, or waiting for permanent insurance to be effective (offered through Mid-Atlantic TempMed).

**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.

Apply Today!

Follow these steps to apply for Personal Comp.

- **Complete the enclosed Medical Application.**
Please make sure that all information is complete and accurate. This will help speed up application processing. You may want to include statements or information from your doctors, as this may help to speed up the process as well.
- **Choose from two payment options.**
 1. Send no money now. You'll receive a quarterly bill (for three months) once your coverage is effective. You can choose to pay that bill with a personal check or charge it to your Visa® or MasterCard® credit card. **You will continue to be billed on a quarterly basis.**

OR

Important EasyPay Information.

2. Our EasyPay service will automatically withdraw your monthly premium from your checking account or charge it monthly to your Visa® or MasterCard®. (You will still receive a first bill for your coverage. It may take a month or two to activate the EasyPay service. Please pay any bill you receive from us promptly in order to keep your insurance plan active. We will communicate to you in writing to let you know when the EasyPay option is active on your account). If interested in EasyPay, complete the enclosed authorization form and include a voided check from your checking account.

- Once you have submitted your application, you can call the Application Status Hotline at 1-877-634-1256

Policy Form Numbers:
365 (1/97) as amended
MD-CC-UW EOC (3/01) as amended
3221 (1/97) as amended
3.859 (1/96) as amended
3097, 3149, 3098, 3099 as amended

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.



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.

BRC5009-9S (6/09)