

Your 2022-2023 Healthcare Benefit Guide

ST. MARY'S COUNTY PUBLIC SCHOOLS

The CareFirst BlueCross BlueShield PROMISE



A not-for-profit organization
driven by mission



Serving 3.3 million members
in the Mid-Atlantic region



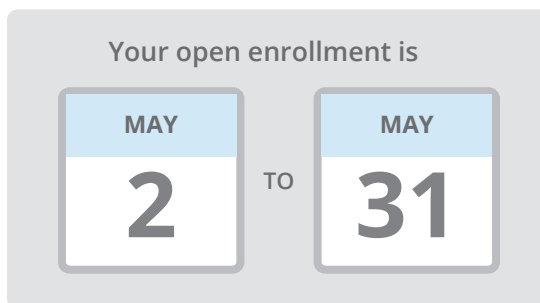
Recognized as one of the
World's Most Ethical Companies®

WELCOME

We're glad you're considering CareFirst BlueCross BlueShield (CareFirst). We know there's a lot of information to review when selecting your health plan. We hope this simplified guide provides information that makes choosing CareFirst an easy decision.

Inside, you'll find information that'll help you select the plan that's best suited to your needs. Whichever plan you choose, you'll have coverage that's recognized and accepted by more top doctors than any other network. Plus, you'll know that you have the support of a team that's working everyday to improve the healthcare experience of every member.

St. Mary's County Public Schools



**Ready to explore your 2022–2023 benefits?
Let's get started.**

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It helps to understand some key terms

CareFirst member cost: The maximum amount providers can charge CareFirst members for a specific service.

Deductible: Depending on your plan, you'll need to pay for some services on your own until you reach your deductible. Then your plan starts helping with the cost of your care.

Out-of-pocket maximum: The most you'll pay for covered services in a plan year. After you spend this amount on care costs, your plan will pay 100% of the CareFirst member costs for the rest of the plan year.

The personas represented in this decision guide are not real. The personas and quotes are used for illustrative purposes only.

CHOOSING THE RIGHT PLAN

Everyone has their own personal needs and concerns when it comes to healthcare. We hope you'll take a few minutes to consider what features are most important to you. Here are some examples:



Felipe

32 YEARS OLD
HIGH SCHOOL TEACHER
MARRIED

Felipe is young and healthy, and generally sees the doctor only when something bothers him. At this point in his life, he's more interested in saving money than having a wide variety of options.

FELIPE WANTS A HEALTH PLAN THAT:

- Fits within a budget
- Has value for what he pays



Elizabeth

59 YEARS OLD
CUSTODIAL STAFF
DIVORCED

Elizabeth is an active empty-nester. She wants to know that she's got the resources she needs to cover any unexpected expenses, but doesn't want to feel overwhelmed with options.

ELIZABETH WANTS A HEALTH PLAN THAT:

- Includes a robust wellness program
- Provides coverage when she travels



Patricia

72 YEARS OLD
MARRIED

Patricia has had the standard health plan for as long as she can remember. She's heard that the new health plans offer great coverage, so she's considering switching plans this year.

PATRICIA WANTS A HEALTH PLAN THAT:

- Has access to quality care when and where she needs it
- Helps her manage the costs of medications



Matt

29 YEARS OLD
ELEMENTARY SCHOOL
MATH TEACHER
SINGLE

Matt spends much of his free time with his faithful yellow lab, but he's looking forward to buying a house. Saving money is his immediate goal, but not at the expense of having reliable, basic coverage.

MATT WANTS A HEALTH PLAN THAT:

- Has a low monthly deduction
- Offers discounts for gym memberships

MEDICAL PLAN HIGHLIGHTS

Let's compare some of your in-network costs for common services with these plans.

	BlueChoice HMO Open Access Plan 1
Costs to consider	
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	\$100 Individual/\$200 Family
Out-of-pocket Maximum (Medical) The most you'll pay for covered in-network services in a plan year	\$800 Individual/\$1,600 Family
Network	BlueChoice Network
Staying healthy	
Annual Physical Exam	\$0
Preventive Screenings and Immunizations	\$0
Feeling under the weather?	
Primary Care Doctor	\$15 per visit
Specialist (e.g. Dermatologist)	\$15 per visit
Mental Health Professional—Office	\$15 per visit
Urgent Care	\$35 per visit
Emergency Room	\$75 (waived if admitted)
Following doctor's orders?	
Allergy Shots	\$15 per visit PCP
Labs (non-hospital facility)	\$0 (LabCorp)
X-rays (non-hospital facility)	\$0
Physical, Speech and/or Occupational Therapy Chiropractic	\$15 per visit (limitations apply)
Outpatient Surgery (surgical center)	\$25 per visit
Inpatient Surgery (including maternity)	After deductible is met, no charge
Artificial and Intrauterine Insemination In Vitro Fertilization Procedures	Office—\$15 per visit (office); Facility—After deductible is met, \$0
Durable Medical Equipment	After deductible is met, \$0

Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and plan details.

BlueChoice Triple Option Open Access Plan 1

LEVEL 1	LEVEL 2	LEVEL 3
\$125 Individual/\$250 Family	\$250 Individual/\$500 Family	\$500 Individual/\$1,000 Family
\$500 Individual/ \$1,000 Family	\$1,000 Individual/ \$2,000 Family	\$1,500 Individual/ \$3,000 Family
BlueChoice Network	Preferred Provider Network (PPO BlueCard)	Participating/ Non-Participating Providers
\$0	\$0	After deductible is met, 30% of CareFirst member cost
\$0	\$0	After deductible is met, 30% of CareFirst member cost
\$15 per visit	\$25 per visit	After deductible is met, 30% of CareFirst member cost
\$35 per visit	\$50 per visit	After deductible is met, 30% of CareFirst member cost
\$15 per visit	\$15 per visit	After deductible is met, 30% of CareFirst member cost
\$35 per visit	\$35 per visit	\$35 per visit
\$75 (waived if admitted)	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level
\$15 per visit PCP	\$25 per visit PCP	After deductible is met, 30% of CareFirst member cost
\$0 (LabCorp)	\$0	\$0
\$0	\$0	\$0
\$35 per visit (limitations apply)	\$50 per visit (limitations apply)	After deductible is met, 30% of CareFirst member cost (limitations apply)
After deductible is met, 5% of CareFirst member cost	After deductible is met, 15% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
After deductible is met, 5% of CareFirst member cost	After deductible is met, 15% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
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After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost

MEDICAL PLAN HIGHLIGHTS

Let's compare some of your in-network costs for common services with these plans.

	BlueChoice HMO Open Access Plan 2
Costs to consider	
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	None
Out-of-pocket Maximum (Medical) The most you'll pay for covered in-network services in a plan year	\$2,000 Individual/\$6,000 Family
Network	BlueChoice Network
Staying healthy	
Annual Physical Exam	\$0
Preventive Screenings and Immunizations	\$0
Feeling under the weather?	
Primary Care Doctor	\$5 per visit
Specialist (e.g. Dermatologist)	\$10 per visit
Mental Health Professional—Office	\$5 per visit
Urgent Care	\$10 per visit
Emergency Room	\$75 (waived if admitted)
Following doctor's orders?	
Allergy Shots	\$0
Labs (non-hospital facility)	\$0 (LabCorp)
X-rays (non-hospital facility)	\$0
Physical, Speech and/or Occupational Therapy Chiropractic	\$10 per visit (limitations apply)
Outpatient Surgery (surgical center)	\$0 per visit
Inpatient Surgery (including maternity)	\$0
Artificial and Intrauterine Insemination In Vitro Fertilization Procedures	50% of CareFirst member cost
Durable Medical Equipment	\$0

Costs shown are for care received in-network and, except for emergency room, at non-hospital locations. See your Summary of Benefits for limitations and plan details.

BlueChoice Triple Option Open Access Plan 2

LEVEL 1	LEVEL 2	LEVEL 3
None	\$200 Individual/\$400 Family	\$300 Individual/\$600 Family
\$2,000 Individual/ \$6,000 Family	\$500 Individual/\$1,000 Family	\$1,000 Individual/ \$2,000 Family
BlueChoice Network	Preferred Provider Network (PPO BlueCard)	Participating/ Non-Participating Providers
\$0	\$0	After deductible is met, 20% of CareFirst member cost
\$0	\$0	After deductible is met, 20% of CareFirst member cost
\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost
\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost
\$10 per visit	\$10 per visit	After deductible is met, 20% of CareFirst member cost
\$10 per visit	\$15 per visit	After deductible is met, 20% of CareFirst member cost
\$75 (waived if admitted)	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level	Considered under Level 1. If benefits are not available under Level 1, benefits may be payable under the appropriate level
\$0	\$15 per visit	After deductible is met, 20% of CareFirst member cost
\$0 (LabCorp)	\$15 per visit	After deductible is met, 20% of CareFirst member cost
\$0	\$15 per visit	After deductible is met, 20% of CareFirst member cost
\$10 per visit (limitations apply)	\$15 per visit (limitations apply)	After deductible is met, 20% of CareFirst member cost (limitations apply)
\$0 per visit	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost
\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost
50% of CareFirst member cost	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost
\$0	After deductible is met, 10% of CareFirst member cost	After deductible is met, 20% of CareFirst member cost

PRESCRIPTION DRUG PLAN HIGHLIGHTS

Here are your costs for prescription drugs from a participating pharmacy.

	Prescription Drug Plan
Prescription Plan Tier	\$10/15
Prescription Deductible	\$0
Up to 34-day supply	
Generic Drugs (Tier 1)	\$10
Preferred Brand Drugs (Tier 2)	\$15
90-day supply (CVS Retail or CVS Caremark Mail Service)	
Generic Drugs (Tier 1)	\$10
Preferred Brand Drugs (Tier 2)	\$15
90-day supply (all other retailers)	
Generic Drugs (Tier 1)	\$20
Preferred Brand Drugs (Tier 2)	\$30

Visit carefirst.com/rxgroup for the most up-to-date drug lists and other important information.

Voluntary Maintenance Choice® Program

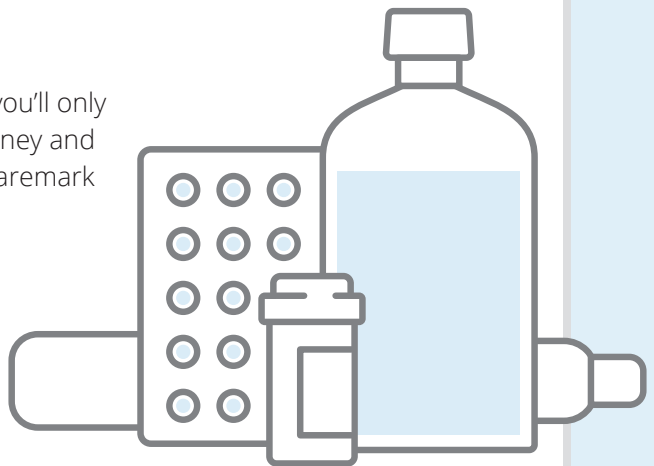
Save money by filling your maintenance medications through CVS Caremark Mail Service or at a CVS retail location. You'll pay just one copay for a three-month supply. While you can fill a three-month supply of maintenance medications at any retail pharmacy, you will pay 2 copays for a 3 month supply.

CVS Caremark Mail Service

Sign up for a 90-day supply by mail and you'll only pay the cost of a 60-day supply. Save money and time by refilling prescriptions with CVS Caremark Mail Service Pharmacy.

Specialty Pharmacy Coordination Program

Members taking high-cost drugs for complex health conditions receive one-on-one care support.



DENTAL PLAN HIGHLIGHTS

Let's review some of your in-network costs for common dental services.

	Preferred Dental
Costs to consider	
Calendar Year Maximum Benefit	\$1,200
Calendar Year In-network Deductible	\$50 Individual/\$150 Family
Lifetime Orthodontia Maximum	\$2,000
Plan Includes Out-of-network Coverage	Yes
Routine checkups	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	After deductible is met, 20% of CareFirst member cost
Basic services	
Fillings, Basic Periodontal Services and Non-surgical Extractions	After deductible is met, 20% of CareFirst member cost
Major services	
Major Surgical (root canals, surgical extractions and surgical periodontal services)	After deductible is met, 20% of CareFirst member cost
Major Restorative (dentures, crowns, bridges)	After deductible is met, 20% of CareFirst member cost
Orthodontia (up to the lifetime max. per person)	50% of CareFirst member cost

VISION PLAN HIGHLIGHTS

Let's review some of your in-network costs for common vision services.

Davis Vision providers are in-network as of 7/1/22.

(12-month benefit period)	Indemnity Vision
Routine checkup	
Annual Eye Exam	Plan pays 100% of CareFirst member cost. You pay any difference between member cost and provider's charges.
Corrective measures	
Frames	Plan pays \$50
Other Frames	Plan pays \$50
Spectacle Lenses	Plan pays: \$52—single-vision; \$82—bifocal \$101—trifocal; \$181—cataract (aphakic)
Medically Necessary Contact Lenses	Plan pays \$352
Elective Contact Lenses	Plan pays \$97

PERKS INCLUDED WITH EVERY PLAN



Achieve your wellness goals with the help of programs for weight loss, tobacco cessation and more



Enjoy exclusive discounts through our Blue365 Program on things like fitness gear, gym memberships, meal delivery services, hotels and travel



Earn up to \$100* by completing healthy activities through your wellness and incentive program



Pay nothing for annual in-network preventive care and 24-Hour Nurse Advice Line

"I take advantage of the hotel discounts through Blue365."



"I lost 30 lbs. with the help of my coach and the weight loss program."



"I like knowing I can call the 24-hour nurse line at any time."



**Incentive program not available to COBRA members*

TELEMEDICINE OPTIONS

Advances in technology have made it easier and more convenient to get care wherever and whenever you need it.

CareFirst Video Visit

Video Visit securely connects you with a doctor, day or night, through your smartphone, tablet or computer. You can also schedule visits for other needs such as therapy or counseling, nutrition or breastfeeding. Visit [carefirstvideovisit.com](https://www.carefirstvideovisit.com) to learn more.



24-Hour Nurse Advice Line

Registered nurses are available through our 24-Hour Nurse Advice Line. Call **800-535-9700** to talk to a nurse about your symptoms and the most appropriate steps to take.

WELLNESS PROGRAM

Your CareFirst wellness program—brought to you in partnership with Sharecare, Inc.—can help you be your healthiest. Offering a wide array of engaging, easy-to-use tools and personalized content, plus specialized programs for extra support, the program includes:

- **RealAge®:** Find out if your healthy habits are truly making an impact by taking the RealAge® health assessment.
- **Health coaching:** Trained professionals provide one-on-one support to help you reach your wellness goals.
- **Weight management program:** Improve your overall health, reach a healthier weight and reduce your risk for pre-diabetes and associated chronic diseases.
- **Tobacco cessation program:** Our program's expert guidance, support and online tools make quitting easier than you might think.
- **Financial well-being program:** Whether you want to stop living paycheck to paycheck, get out of debt, or send a child to college, this program can help.

FIND A DOCTOR

CareFirst has one of the world's largest networks of participating providers—over one million in all. Whether you're looking for a primary care physician, a specialist or a care facility, we can help you find one that's right for you.



Try it for yourself. Visit carefirst.com/doctor. You'll be able to search by name, location, specialty and a host of other options. You can even find participating doctors and facilities outside of the U.S.

MY ACCOUNT BENEFITS

Your *My Account* page makes managing your CareFirst plan simple and easy. Everything you need to take the best care of yourself is right here. At *My Account*, you can:

- Check your plan's benefits and deductible
- View, order and print your member ID cards
- Review your claims status and Explanation of Benefits (EOB)
- Find in-network doctors, labs and hospitals
- Access your wellness program and other tools
- Send a secure message for member support

TREATMENT COST ESTIMATOR

Our Treatment Cost Estimator shows you what you'll pay for procedures, doctor's office visits, lab tests and surgery beforehand, so you can plan ahead and avoid surprises.



- Receive personalized estimates based on your plan
- Compare costs from different doctors and facilities

AWAY FROM HOME CARE®

When you're away from home for 90 consecutive days or more, we've got you covered. Whether you're out-of-town on extended business, traveling or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

- You can see any affiliated Blue Cross Blue Shield HMO (Host HMO) provider when you are outside the CareFirst service area.
- You'll be considered a member of the Host HMO and receive care under their plan. Your cost may be different than when you're in the CareFirst service area.
- Once you're enrolled in the program and receive care, you don't have to complete claim forms, so there's no paperwork. And you're only responsible for out-of-pocket costs such as copays, deductibles, coinsurance and the cost of non-covered services.

BLUECARD & BLUE CROSS BLUE SHIELD GLOBAL® CORE

With your Blue Cross and Blue Shield member ID card, you have access to doctors and hospitals almost anywhere. BlueCard gives you the peace of mind that you'll always have the care you need when you're away from home. And with Blue Cross Blue Shield Global® Core (BCBS Global® Core), you have access to care in more than 190 countries.

BlueCard

- You'll have access to local Blue Cross Blue Shield Plan doctors and hospitals when you're outside the CareFirst service area.
- You'll be considered a member of the local BCBS plan when you receive care. Your cost may be different than when you're in the CareFirst service area.
- For care received in-network, you don't have to complete claim forms, so there's no paperwork.

BCBS Global® Core

- In most cases, you shouldn't have to pay up front for inpatient care at hospitals in the BCBS Global Core Network.
- At hospitals outside the BCBS Global Core Network, you pay the doctor or hospital for inpatient care, outpatient hospital care and other medical services. You then complete an international claim form for reimbursement.

BLUE REWARDS INCENTIVE PROGRAM*

As part of your wellness program, Blue Rewards adds an incentive to your efforts to better your health. Both you and your spouse can each earn a \$100 incentive for completing the following activities **before March 1, 2023**.



Consent to receive wellness emails and take the RealAge test, plus select a primary care provider (PCP) and complete a health screening with your PCP or at a CVS MinuteClinic®. Be sure to choose a PCP who participates in our Patient-Centered Medical Home (PCMH) program to earn your reward.

Once you've completed all of the activities, you'll receive a CareFirst Blue Rewards Visa® Incentive Card with your rewards on it. This money can be used toward your annual deductible, out-of-pocket costs or other eligible expenses under your plan. Keep the card for as long as you're a member and future incentives will be added to your balance as you earn them.

If you're a current CareFirst member, you can view your Blue Rewards incentives by logging into or creating your Sharecare account at carefirst.com/sharecare.



"I took the RealAge test and learned how my everyday choices were affecting my overall health. The trackers and challenges keep me motivated to be more active."

*Incentive program not available to COBRA members

UNDERSTANDING YOUR OPTIONS FOR CARE

It's helpful to know where you can go for care before you need it. Becoming familiar with the information below can help you save time and money.



Seeking advice: 24-Hour Nurse Advice Line

- General questions about health issues or where to go for care
- Registered nurses are available 24/7 by phone



Need care soon: Primary Care Provider

- Diagnosis & treatment of illness, chronic conditions, check-ups
- Night/weekend hours & some may have 24-hour phone lines



Want care quickly: CareFirst Video Visit

- Treatment for minor illnesses and injuries as well as therapy, psychiatry, diet and nutrition and breastfeeding support
- Board-certified doctors available by smartphone, tablet or computer



Need care now: Urgent Care Center

- Non-life-threatening illness or injury requiring immediate care
- Open 7 days a week



Emergency: 911 or Nearest ER

- Life-threatening illness or injury
- Open 24/7

MENTAL HEALTH SUPPORT

It's common to face some kind of mental health challenge during your life. Our support team is made up of specially trained service representatives, registered nurses and licensed behavioral health clinicians, ready to:

- Help you find the right mental health provider(s) and schedule appointments
- Connect you with a care coordinator who will work with your doctor to create a tailored action plan
- Find support groups and resources to help you stay on track

When mental health difficulties arise for you or a loved one, remember you're not alone. Help is available 24/7. If you are in crisis, call **800-245-7013**.



You have access to specialized services and programs for depression, anxiety, drug or alcohol dependence and other mental health conditions. Learn more at carefirst.com/mentalhealth

COST COMPARISON WORKSHEET

Use this worksheet to compare plans or to compare this year's plan to your old plan.

Annual costs to consider	Plan 1	Plan 2
For each row, fill in the amounts from the benefit summary included in this guide, along with your company's health insurance paycheck deduction for each plan.		
Annual paycheck deduction	\$_____ per month x 12 months = \$_____	\$_____ per month x 12 months = \$_____
Annual in-network deductible	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family
Are any services covered before the deductible is met?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Annual out-of-pocket maximum	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family

Costs when using your plan	Plan 1	Plan 2
For each row, estimate how many visits you and your family generally expect to have each year along with the amounts for each service included in this guide.		
About how many times did you visit your primary care doctor (outside of annual wellness visits/physical) in the past year?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
About how many times did you visit specialists in the past year?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
In the past year, how many times did you go to urgent care?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
In the past year, how many times did you go to the emergency room?	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
Is there anything coming up in the next 12-18 months that you didn't have to plan for last year? If Yes, use this line to estimate the cost for that procedure	<input type="radio"/> Yes <input type="radio"/> No \$_____ per visit x ____ visits per year = \$_____	<input type="radio"/> Yes <input type="radio"/> No \$_____ per visit x ____ visits per year = \$_____
TOTALS	\$_____	\$_____

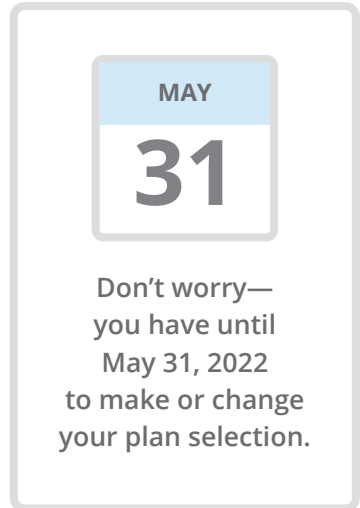
NEXT STEPS

Ready to enroll?

- Complete the enrollment process
- If you are selecting a new plan, look for your member ID cards in the mail
- Be sure to download the CareFirst mobile app to access your plan on-the-go

Not ready to choose your plan just yet?

- Set a reminder on your phone so you don't miss the deadline!



We're here to help! If you have additional questions, please call 833-798-1500, Monday–Friday 8 a.m. to 9 p.m.

"We're excited to have you join us in the CareFirst Family. We hope our stories helped you make a decision."





CONNECT WITH US:



The examples provided in this booklet are meant to help you evaluate the benefits we offer. They are not meant to convey the exact terms of any one particular plan and do not create rights not given through the benefit plan. The details of your plan may vary.

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call CareFirst.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-258-6518。

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans..