

# Your 2023 Healthcare Benefit Guide

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CHARLES COUNTY PUBLIC SCHOOLS

*Retirees 65+ and Medicare Eligible*

The CareFirst BlueCross BlueShield

# PROMISE

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A not-for-profit organization  
driven by mission

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Serving 3.3 million members  
in the Mid-Atlantic region

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

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# 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.

## Ready to explore your 2023 benefits?

Let's find the best health plan for you. There are two CareFirst plans to choose from.

<div>BlueChoice Opt-Out Plus Open Access</div> <div> Higher out-of-pocket annual maximum</div> <div> Lower monthly premium</div>	<div>Preferred Provider Organization</div> <div> Lower out-of-pocket annual maximum</div> <div> Higher monthly premium</div>
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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.*

# NARROW YOUR CHOICES

To help narrow your choices, answer these questions:

Would you rather save with lower paycheck deductions but have a higher out-of-pocket maximum?

☐ YES

☐ NO

Do you want the security of knowing you will not pay more than \$1,600 for in-network services for your entire family for the plan year?

☐ YES

☐ NO

Do you, or a family member, have a medical condition that requires regular physical therapy visits at an outpatient hospital center?

☐ YES

☐ NO

Would you rather have more deducted from your paycheck but have a lower out-of-pocket maximum?

☐ YES

☐ NO

Does your family make a lot of sick visits to the doctor each year and want the lowest per visit cost?

☐ YES

☐ NO

☐ **BlueChoice Opt-Out Plus Open Access**

If most of the answers you checked are orange, the BlueChoice Opt-Out Plus Open Access plan may be more your style. This is a good plan for people who:

- Are comfortable with a higher out-of-pocket maximum for the year
- Would rather save money per paycheck at the risk of paying more later
- Like having a PCP to coordinate their care

☐ **Preferred Provider Organization**

If most of the answers you checked are blue, the Preferred Provider Organization plan may be the best fit. This plan is good for people who:

- Would rather pay more per paycheck in order to have a lower out-of-pocket maximum
- Like the freedom to see any doctor, any time
- Need coverage for domestic as well as international travel

# CONSIDER WHAT OTHERS CHOSE

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“My wife and I love exploring national parks. We don’t plan to travel internationally, so we chose the BlueChoice Opt-Out Plus Open Access which gives us coverage wherever we travel in the U.S.”

—Miguel (34), married



“I don’t have a regular primary care provider, and with the Preferred Provider Organization plan, I don’t have to choose one. I like the flexibility this offers.”

—Renata (56), single

“I meet with a therapist once a week for mental health support, so I selected the BlueChoice Opt-Out Plus Open Access plan with lower per visit costs.”

—Jim (41), single



“I chose the Preferred Provider Organization plan because I like knowing that all of my doctor copays are the same, for both primary and specialty care.”

—Matt (29), single

“I feel like every other week my kids need something new for school. I chose the BlueChoice Opt-Out Plus Open Access plan because my family has the coverage we need and I pay less per paycheck, which lets me save a little money.”

—Rose (34), married mom of three



# MEDICAL PLAN HIGHLIGHTS

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

	BlueChoice Opt-Out Plus Open Access	PPN/Medi-Comp
Costs to consider		
In-network Deductible You'll pay the full CareFirst member cost for some services until you reach your deductible	\$0	\$0
Out-of-pocket Maximum The most you'll pay for covered in-network services in a plan year	\$2,000 individual/ \$6,000 family	\$800 individual/ \$1,600 family
Plan Includes Out-of-network Coverage	Yes	Yes
Staying healthy		
Annual Physical Exam	\$0 per visit	\$0 per visit
Preventive Screenings and Immunizations	\$0 per visit	\$0 per visit
Feeling under the weather?		
Primary Care Doctor	\$10 per visit	\$15 per visit
Specialist (e.g. Dermatologist)	\$15 per visit	\$15 per visit
Mental Health Professional—Office	\$10 per visit	\$15 per visit
Urgent Care	\$15 per visit	\$15 per visit
Emergency Room	\$100 per visit (this charge waived if admitted)	\$100 per visit (this charge waived if admitted)
Following doctor’s orders?		
Imaging (MRA/MRS, MRI, PET & CT Scans) (non-hospital facility)	\$0 per visit	\$0 per visit
Labs (non-hospital facility)	\$0 per visit	\$0 per visit
X-rays (non-hospital facility)	\$0 per visit	\$0 per visit
Physical, Speech and/or Occupational Therapy	\$15 per visit	\$15 per visit—office; \$30 per visit—hospital
Outpatient Surgery (surgical center)	\$10 PCP/\$15 Specialist per visit; \$0 facility fee	\$15 per visit—office; \$20 per visit—outpatient practitioner plus \$30 per visit outpatient facility
Inpatient Hospitalization (including maternity)	\$0 per visit	\$0 per visit
Artificial and Intrauterine Insemination	50% of CareFirst member cost	\$15 per visit—office; \$20 per visit—outpatient practitioner plus \$30 per visit outpatient facility
In Vitro Fertilization Procedures	50% of CareFirst member cost	\$15 per visit—office; \$20 per visit—outpatient practitioner plus \$30 per visit outpatient facility
Durable Medical Equipment	\$0 copay	\$0 copay

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.

# MEDI-COMP SUMMARY

Members must have Medicare A and B, as Medicare is primary. In most instances, the Medi-Comp Plan covers 80% AB\* of the 20% remaining balance from Medicare.

Medi-Comp	
Benefits	
Inpatient Hospitalization	100% up to \$3,000 per admission; then 80% AB after deductible
Inpatient Medical/Surgical	100% AB up to \$2,000 (per day); then 80% AB after deductible
Emergency Services	Accident—within 72 hours 100% AB; after 72 hours 80% AB after deductible Medical Emergency—80% AB after deductible
Primary Care Office Visit—Sick	80% AB after deductible
Specialist	80% AB after deductible
Outpatient Surgery	100% AB up to \$2,000 (per day); then 80% AB after deductible
Diagnostic X-ray & Lab	100% AB up to \$100 per calendar year; then 80% AB after deductible
Well Child Care	80% AB-No deductible
Routine Physicals	Not Covered
Durable Medical Equipment	80% AB after deductible
Physical Therapy	80% AB after deductible
Prescription Drug	Carved out to CVS Caremark
Mental health and substance use disorder	
Inpatient Facility Services (requires Pre-authorization)	100% AB up to \$3,000 per admission; then 80% AB after deductible
Outpatient Facility Services	80% AB after deductible
Outpatient Physician Services	80% AB after deductible
Office	80% AB after deductible
Plan provisions	
Calendar Year Deductible	\$75 Individual/\$225 Family
Coinsurance	80% AB after deductible
Out-of-Pocket Maximum	\$1,000 individual out-of-pocket maximum
Lifetime Maximum	Unlimited
Dependent Age Limit	To the end of the month in which they turn 26

\*AB = Allowed Benefit



# DENTAL PLAN HIGHLIGHTS

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

	Preferred Dental
Costs to consider	
Annual Maximum Benefit	\$1,400
Annual In-network Deductible	\$30 individual/\$80 family
Orthodontia Lifetime Maximum	\$1,400
Plan Includes Out-of-network Coverage	Yes
Routine checkups	
Preventive Care and Diagnostic Treatment (exams, cleanings, X-rays)	20% of CareFirst Member cost
Basic services	
Fillings, Basic Periodontal Services and Non-surgical Extractions	20% of CareFirst Member cost
Major services	
Major Surgical (root canals, surgical extractions and surgical periodontal services)	20% of CareFirst Member cost
Major Restorative (dentures, crowns, bridges)	20% of CareFirst Member cost
Orthodontia (up to the lifetime max. per members under age 19)	40% of CareFirst Member cost

# VISION PLAN HIGHLIGHTS

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

(12-month benefit period)	BlueVision Plus
Routine checkup	
Annual Eye Exam	\$15 per visit
Corrective measures	
Davis Vision Frame Collection	\$0
Other Frames	Plan pays \$45 you pay balance
Spectacle lenses (single-vision, lined bifocal, lined trifocal)	\$0
Medically Necessary Contact Lenses	\$0 with prior approval
Elective Contact Lenses	\$0 Davis Vision Collection; Plan pays \$97 single vision or \$127 bifocal and other lenses

# PRESCRIPTION PLAN HIGHLIGHTS

When you enroll in a CareFirst medical plan you receive prescription drug benefits through Caremark.

	BlueChoice Prescription Drug	PPN/Comp Prescription Drug
Annual Out-of-pocket Maximum	\$4,600 Individual/ \$7,200 Family aggregate	\$5,800 Individual/ \$11,600 Family aggregate
Retail benefit		
Generic Drugs		
■ 34-day supply	\$10	\$10
■ 90-day maintenance supply	\$20 (2 copays)	\$10 (1 copay)
Brand Drugs		
■ 34-day supply	\$15	\$15
■ 90-day maintenance supply	\$30 (2 copays)	\$15 (1 copay)
Mail order benefit		
Generic Drugs		
■ 34-day supply	\$10	\$10
■ 90-day maintenance supply	\$5	\$5
Brand Drugs		
■ 34-day supply	\$15	\$15
■ 90-day maintenance supply	\$10	\$10

## Starting mail service is easy with FastStart®

Order your prescriptions online, by phone, by mail or ask your doctor to order it for you. Once your prescription is on file, ordering refills online is convenient, fast and a great way to manage your long-term medications! Click on the refill link to get the fastest refills or even select automatic refills and renewals of your common, long-term drugs. CVS Caremark will automatically refill eligible drugs or request a new prescription from your doctor when an eligible prescription expires or runs out of refills.

### Log on to Caremark.com to:

- Start a new prescription with FastStart®
- Get the fastest refills
- Sign up for automatic refills and renewals
- Check order status
- Set up alerts

### Registration is easy!

1. Go to **Caremark.com/register**
2. Enter the required information and click *Continue*.
3. Create a username and password.

# 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



Get inspired to be your healthiest by completing fun activities through your wellness program



Pay nothing for annual in-network preventive care, 24-Hour Nurse Advice Line, routine vision and dental care for children under age 18

"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."



# 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://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.

# CAREFIRST WELLBEING

We're pleased to introduce CareFirst WellBeing—your personalized digital connection to your healthiest life. CareFirst WellBeing offers motivating digital resources accessible anytime, plus specialized programs for extra support.

- **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. Our simple Find-a-Doctor tool helps you select the right healthcare at the right place.



Try it for yourself. Visit [carefirst.com/doctor](https://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

# 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



**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 soon:**

**Primary Care Provider**

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



**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 AND BEHAVIORAL HEALTH SUPPORT

You have 24/7 access to specialized services and programs for depression, anxiety, drug or alcohol dependencies and other mental health conditions. Our support team of professionals is 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

Our Behavioral Health Digital Resource is an online platform that gives you access to trained volunteer listeners, community support and referrals to credentialed physicians in the CareFirst provider network. Learn more about all the free mental and behavioral support available at **[carefirst.com/mentalhealth](https://carefirst.com/mentalhealth)**.



**You're never alone. If you or someone you know is in crisis, dial 988 or contact the CareFirst support line at 800-245-7013.**

# 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.

*Away From Home Care program is included with the BlueChoice Opt-Out Plus Open Access plan only.*

# 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.

*BlueCard and BCBS Global Core are included with both the BlueChoice Opt-Out Plus Open Access and Preferred Provider Organization plans.*

# COST COMPARISON WORKSHEET

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

Annual costs to consider	BlueChoice Opt-Out Plus Open Access	Preferred Provider Organization
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?	Yes      No	Yes      No
Annual out-of-pocket maximum	\$_____ Individual \$_____ Family	\$_____ Individual \$_____ Family

Costs when using your plan	BlueChoice Opt-Out Plus Open Access	Preferred Provider Organization
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?	Yes      No	Yes      No
If Yes, use this line to estimate the cost for that procedure	\$_____ per visit x ____ visits per year = \$_____	\$_____ per visit x ____ visits per year = \$_____
TOTALS	\$_____	\$_____



NEXT STEPS

I'm choosing the  
BlueChoice Opt-Out Plus  
Open Access plan

I'm choosing the  
Preferred Provider  
Organization plan

Ready to enroll?

- Visit <https://ccboe.hrintouch.com>
- Complete the enrollment process
- 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?

- If you need more detailed plan information, visit <https://ccboe.hrintouch.com>



We're here to help! If you have additional questions, please call 833-630-1167, Monday–Friday 8 a.m. to 9 p.m.

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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 business name of CareFirst Advantage, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), 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., Trusted Health Plan (District of Columbia), Inc., 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.