St. Mary's County Public Schools
Plan 1— July 2023

CareFirst
Family of health care plans

Product Line	HMO Plan 1	BlueChoice Triple Option Plan 1—Open Access—3 Health Care Plans in 1		
Product Name	**BlueChoice HMO Open Access**	**BlueChoice Triple Option Open Access**		
Services	**No Referrals Required** **You Pay**	**Level 1 No Referrals Required** **You Pay**	**Level 2 No Referrals Required** **You Pay**	**Level 3 No Referrals Required** **You Pay**
24/7 NURSE ADVICE LINE	When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health questions and treatment options.	When your doctor is not available, call 800-535-9700 to speak with a registered nurse about your health questions and treatment options.		
NETWORK	BlueChoice	BlueChoice	Preferred Provider (PPO Blue Card)	Participating/Non-Participating
PER VISIT	$15 PCP/$15 Specialist per visit	$15 PCP/$35 Specialist per visit	$25 PCP/$50 Specialist per visit	N/A
ANNUAL DEDUCTIBLE				
Individual	$100	$125	$250	$500
Individual & Child	$200	$250	$500	$1,000
Individual & Adult	$200	$250	$500	$1,000
Family	$200	$250	$500	$1,000
ANNUAL OUT-OF-POCKET MAXIMUM				
Medical	$800 Individual/$1,600 Family	$500 Individual/$1,000 Family	$1,000 Individual/$2,000 Family	$1,500 Individual/$3,000 Family
Prescription Drug	$4,600 Individual/$7,200 Family	$4,600 Individual/$7,200 Family	$4,600 Individual/$7,200 Family	$4,600 Individual/$7,200 Family
LIFETIME MAXIMUM BENEFIT	Unlimited except on fertility services	Unlimited except on fertility services		
PREVENTIVE SERVICES				
Well-Child Care				
0-24 months	$0	$0	$0	After deductible is met, 30% of CareFirst member cost
24 months-13 years (immunization visit)	$0	$0	$0	After deductible is met, 30% of CareFirst member cost
24 months-13 years (non-immunization visit)	$0	$0	$0	After deductible is met, 30% of CareFirst member cost
14-17 years	$0	$0	$0	After deductible is met, 30% of CareFirst member cost
Adult Physical Examination	$0	$0	$0	After deductible is met, 30% of CareFirst member cost
Routine GYN Visits	$0	$0 ($35 per visit non-routine)	$0 ($50 per visit non-routine)	After deductible is met, 30% of CareFirst member cost
Prostate Screening	$0	$0	$0	$0
Other Cancer Screening (Pap Test, Mammogram and Colorectal)	$0	$0	$0	After deductible is met, 30% of CareFirst member cost
OFFICE VISITS, LABS AND TESTING				
Office Visits for Illness	$15 PCP/$15 Specialist per visit	$15 PCP/$35 Specialist per visit	$25 PCP/$50 Specialist per visit	After deductible is met, 30% of CareFirst member cost
Diagnostic Services	$0	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
X-ray and Lab Tests	$0 (LabCorp)	$0 (LabCorp)	$0	$0
Allergy Testing	$15 PCP/$15 Specialist per visit	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
Allergy Shots	$15 PCP/$15 Specialist per visit	$15 PCP/$35 Specialist per visit	$25 PCP/$50 Specialist per visit	After deductible is met, 30% of CareFirst member cost
Outpatient Physical, Speech and Occupational Therapy (Office Setting)	$15 per visit (limited to 50 visits/condition/benefit period)	$35 per visit (limited to 100 days combined/condition/benefit period)	$50 per visit (limited to 100 days combined/condition/benefit period)	After deductible is met, 30% of CareFirst member cost (limited to 100 days combined/condition/benefit period)
Outpatient Chiropractic	$15 per visit (limited to 20 visits/condition/benefit period)	$35 per visit (unlimited visits)	$50 per visit (unlimited visits)	After deductible is met, 30% of CareFirst member cost (unlimited visits)
EMERGENCY CARE AND URGENT CARE				
Physician's Office	$15 PCP/$15 Specialist per visit	$15 PCP/$35 Specialist per visit	$15 PCP/$35 Specialist per visit	$15 PCP/$35 Specialist per visit
Urgent Care Center	$35 per visit	$35 per visit	$35 per visit	$35 per visit
Hospital Emergency Room	$75 per visit (waived if admitted)	$75 per visit (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.
Ambulance (if medically necessary)	$0	$0	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.

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HOSPITALIZATION				
Inpatient Facility Services	After deductible is met, $0	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
Outpatient Facility Services	$25 per visit	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
Inpatient Physician Services	$0	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
Outpatient Physician Services	$15 per visit	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
HOSPITAL ALTERNATIVES				
Home Health Care	After deductible is met, $0	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
Hospice	After deductible is met, $0	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
Skilled Nursing Facility (limited to 365 days/benefit period)	After deductible is met, $0	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
MATERNITY				
Prenatal and Postnatal Office Visits	$0	$0	$0	After deductible is met, 30% of CareFirst member cost
Delivery and Facility Services	After deductible is met, $0	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
Nursery Care of Newborn	After deductible is met, $0	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
Artificial Insemination— Subject to State Mandate (limited to 6 attempts per live birth)	$15 (office)/After deductible is met, $0 (facility) per visit	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
InVitro Fertilization Procedures—Subject to State Mandate (limited to 3 attempts per live birth & $100,000 lifetime max)	$15 (office)/After deductible is met, $0 (facility) per visit	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
MENTAL HEALTH (MH) AND SUBSTANCE USE DISORDER (SUD)—SUBJECT TO FEDERAL MANDATE		**BLUECHOICE NETWORK**	**PREFERRED PROVIDER NETWORK**	**PARTICIPATING/NON-PARTICIPATING**
Inpatient Facility Services (requires Pre-authorization)	After deductible is met, $0	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
Inpatient Physician Services	$0	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
Outpatient Services (MH & SUD) (office)	$15 per visit	$15 per visit	$15 per visit	After deductible is met, 30% of CareFirst member cost
Partial Hospitalization	$15 per visit	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
Medication Management Visit	$15 per visit	$15 per visit	$15 per visit	After deductible is met, 30% of CareFirst member cost
MISCELLANEOUS				
Durable Medical Equipment	After deductible is met, $0	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
Acupuncture	Not covered	$35 per visit	$50 per visit	After deductible is met, 30% of CareFirst member cost
Hearing Aids (limited to once/36 months)	$0 per aid/per ear (children only) ; member may be balanced billed up to the total charge	$0 per aid/per ear (children and adults) ; member may be balanced billed up to the total charge	$0 per aid/ per ear (children and adults) ; member may be balanced billed up to the total charge	$0 per aid/ per ear (children and adults) ; member may be balanced billed up to the total charge
Outpatient Surgery (office)	$15 PCP/$15 Specialist (Facility $25) per visit	$35 per visit	$50 per visit	After deductible is met, 30% of CareFirst member cost
Chemotherapy/Radiation Therapy (office)	$15 (office)/$25 (facility) per visit	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
Renal Dialysis	$15 (office)/$25 (facility) per visit	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
Cardiac Rehab (subject to Medical Policy review)	$25 (outpatient facility)/$15 (outpatient facility practitioner) per visit	After deductible is met, 5% of CareFirst member cost	After deductible is met, 5% of CareFirst member cost	After deductible is met, 30% of CareFirst member cost
PRESCRIPTION DRUGS	$10 Generic/$15 Brand for non-maintenance: mail order included, $10 Generic/$15 Brand for maintenance 90 day supply for mail order or CVS retail pharmacy, $20 Generic/$30 Brand for maintenance 90 day supply at all other retail pharmacies—Formulary 2	$10 Generic/$15 Brand for non-maintenance: mail order included, $10 Generic/$15 Brand for maintenance 90 day supply for mail order or CVS retail pharmacy, $20 Generic/$30 Brand for maintenance 90 day supply at all other retail pharmacies—Formulary 2		
DEPENDENT AGE LIMIT	To age 26, end of month	To age 26, end of month	To age 26, end of month	To age 26, end of month

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