

# Your 2024–2025 Healthcare Benefit Guide

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ST. MARY'S COUNTY PUBLIC SCHOOLS

# 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.

St. Mary's County Public Schools

Your open enrollment is

MAY  
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TO

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Ready to explore your 2024–2025 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	\$15 per visit (limitations apply)
Chiropractic	
Outpatient Surgery (surgical center)	\$25 per visit
Inpatient Surgery (including maternity)	After deductible is met, no charge
Artificial and Intrauterine Insemination	Office—\$15 per visit; Facility—After deductible is met, \$0
In Vitro Fertilization Procedures	
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	\$10 per visit (limitations apply)
Chiropractic	
Outpatient Surgery (surgical center)	\$0 per visit
Inpatient Surgery (including maternity)	\$0
Artificial and Intrauterine Insemination	50% of CareFirst member cost
In Vitro Fertilization Procedures	
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](https://carefirst.com/rxgroup) for the most up-to-date drug lists and other important information.

## Voluntary Maintenance Choice® Program

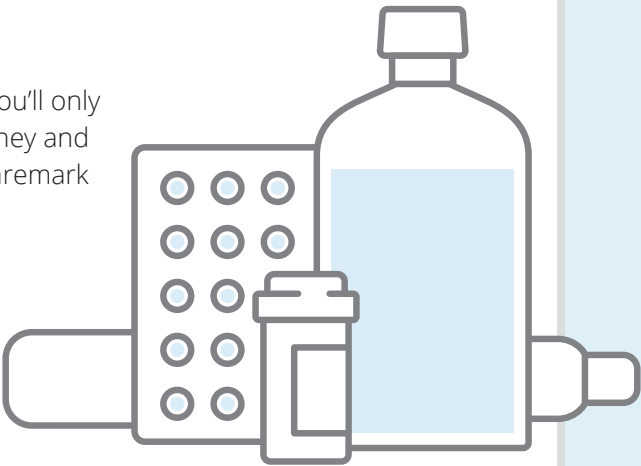
Save money by filling your maintenance medications through CVS Caremark Mail Service or at a CVS retail location. You'll pay just one copay for a three-month supply. While you can fill a three-month supply of maintenance medications at any retail pharmacy, you will pay 2 copays for a 3 month supply.

## 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 including Warby Parker.

(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 well-being goals with the help of programs for weight management, 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 well-being 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*

# CLOSEKNIT—24/7 VIRTUAL-FIRST PRIMARY CARE

At CareFirst, we believe in high-quality, affordable and accessible healthcare. That’s why we are encouraging CareFirst members age 18 or older to join CloseKnit.

CloseKnit is an advanced, virtual-first primary care practice available 24/7/365 through an easy-to-use app. You can chat with your dedicated Care Team at no cost, book appointments when it’s most convenient for you, refill prescriptions, and receive preventive, urgent and chronic care, all from your mobile or tablet device. CloseKnit’s Health Navigators can help you coordinate care with specialists, arrange for in-person care, answer benefits and billing questions, and more!



Chat with your Care Team



Book same-day and future virtual visits



Quick and easy prescription refills



Preventive, urgent and chronic care

There are no fees to join CloseKnit and messaging with your Care Team is always free. To learn more, visit [closeknithealth.com](https://closeknithealth.com).



*"I really appreciate the convenience of virtual visits. It helps take the stress out of finding care."*

CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing telehealth services to CareFirst members.

# TELEMEDICINE OPTIONS

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

## CloseKnit

CloseKnit’s dedicated care teams can treat most illnesses virtually—wherever you are in the U.S.—and can connect members with in-person or specialty care with local providers, if needed.

To learn more about CloseKnit, visit [closeknithealth.com](https://closeknithealth.com).



## 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<sup>SM</sup>—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.

*CloseKnit is a registered Trademark owned by, and is the trade name of, Atlas Health, LLC. Atlas Health, LLC d/b/a CloseKnit does not provide Blue Cross Blue Shield products or services and is providing telehealth services to CareFirst members.*

## 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](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

# 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 well-being 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, 2025**.



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/wellbeing](https://carefirst.com/wellbeing).



*"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:  
Virtual Urgent Care**

- Treatment for minor illnesses and injuries as well as therapy, and more through CloseKnit
- Highly-credentialed providers available 24/7 by computer or easy-to-use mobile app



**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, call or text 988 or contact the CareFirst support line at 800-245-7013.

# 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?	Yes      No	Yes      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	Yes      No  \$_____ per visit x ____ visits per year = \$_____	Yes      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!

MAY

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Don't worry—  
you have until  
May 31, 2024  
to make or change  
your plan selection.



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."*



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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 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..